



MetroWest

2018-2019 OINTMENT & LOTION PERMISSION FORM

Child's Name: _____

Name of Product: _____

Sunscreen (**Parent's signature is required below**)

Diaper Cream (**Parent's signature is required below**)

Times to be administered: _____

Refrigeration necessary Yes No

Possible adverse reactions: _____

Parent's signature _____ Date _____