

## PARENT'S PERMISSION TO APPLY SUNBLOCK, CHAPSTICK, & DIAPER CREAM

Child's Name	
Parent's Name	

I hereby authorize the faculty and staff of Tysons Corner Children's Center to apply the following brands of sunblock, chapstick, and diaper cream for my child, "as needed" over the next twelve-month period.

Sunblock	Product Name	Expiration Date
Lip Balm	Product Name	Expiration Date
Diaper Cream	Product Name	Expiration Date
Lotion	Product Name	Expiration Date

I certify that my child has used the above products and, at this time, has no known allergies to the products specified above. Should any reactions occur, I understand that the Center will contact me immediately. It will be my responsibility to provide the product brands as listed above on an ongoing basis for the next twelve-month period.

Date	
Signature of Parent	
Signature of Staff	