

Child's name: _____ DOB: _____

PERMISSION SLIP FOR DIAPER CREAM/SUNSCREEN/LOTION/POWDER

Please check all boxes that apply:

My child can ONLY use _____ (Brand Name)
diaper cream that I have provided for him/her.

I **do not** wish for my child to use diaper cream.

My child can ONLY use _____ (Brand Name)
sunscreen that I have provided for him/her.

My child can use any brand of sunscreen.

I **do not** wish for my child to use sunscreen.

My child can ONLY use _____ (Brand Name) *lotion*
that I have provided for him/her.

I **do not** wish for my child to use lotion.

My child can ONLY use _____ (Brand Name) *powder*
that I have provided for him/her.

I **do not** wish for my child to use powder

Parent/Guardian's signature: _____ Date: _____

Parent/Guardian's signature: _____ Date: _____