

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.

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

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

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My child can use any brand of sunscreen.

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

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

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

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

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

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Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_