

**Authorization to Dispense External Preparations**

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ give my permission for my caregiver,  
\_\_\_\_\_ to apply one or more of the  
following external preparations, in accordance with directions on the container:

\_\_\_\_ Baby wipes

\_\_\_\_ Band-aids

\_\_\_\_ Neosporin, Bacitricin or similar ointment

\_\_\_\_ Sunscreen

\_\_\_\_ Insect Repellent

\_\_\_\_ Non-prescription ointment (such as A&D, Desitin, Vaseline)

\_\_\_\_ Other (specify) \_\_\_\_\_

I hereby request that my caregiver administer the checked external preparations  
in accordance with the directions on the container.

Mother/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Father/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_