



Learning Edge Childcare & Preschool
LOTIONS/POWDERS/SALVES PERMISSION SLIP

Revised December 2015

I give the staff of Learning Edge Childcare & Preschool permission to use lotions, powders, salves as indicated below on my child's diaper area when needed*: (check all that apply)

CHILD'S NAME:

| DO NOT APPLY | APPLY | DIAPER PRODUCT | PARENT INITIALS | DATE SIGNED | PRODUCT BRAND(S) TO USE |
|--------------------------|--------------------------|----------------------------|-----------------|-------------|-------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Diaper Lotion/Salve | | / / | |
| <input type="checkbox"/> | <input type="checkbox"/> | Diaper Powder | | / / | |

FOR OFFICE USE

Received: ___/___/___

By: _____

Parent/Guardian Signature

*This Permission Slip is effective until a more current Lotions/Powders/Salves Permission Slip is completed.



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