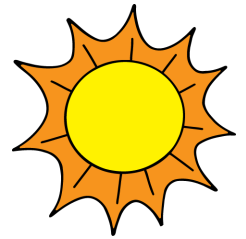


Trinity Lutheran Child Learning Center Permission To Apply Non-Prescription Sunscreen



I have provided the following sunscreen for use on my child:

Please check all that are applicable:

- I do not know of any allergies my child has to sunscreen.
- My child is allergic to sunscreen. Brand: _____
- For medical reasons, please do not apply sunscreen to the following areas of my child's body:

Spray-on sunscreen may not be used per MO DESE licensing regulations.

Child's Name _____
Parent's Signature _____ Date _____

Trinity Lutheran Child Learning Center Permission To Apply Non-Prescription Topical Diapering Cream



Please fill out if applicable.

I give permission for the following non-prescription topical treatments to be applied to my child on an as-needed basis in accordance with the directions listed on the packaging. I understand that only products I have provided will be applied to my child.

- Diapering Cream (Please indicate brand) _____
- Other: _____

Child's Name _____
Parent's Signature _____ Date _____