



# Little Learners

Early Childhood Center

*Making Memories, Marking Milestones*

## External Non-Prescription Preparations Form

Child's Name:	Date of Birth:
Height:	Weight:

I hereby give the teacher(s) at Little Learners' permission to use or apply one or more of the following external preparations, in accordance with the directions for use on the container. I understand that this form is valid for the entire time my child attends Little Learners. I understand it is my responsibility to request a new form should I wish to change this information.

Product	Yes/No	Comments
Baby Wipes	Yes/No	
Band-aids	Yes/No	
Antibiotic Ointment	Yes/No	
First-aid Spray	Yes/No	
Sunscreen	Yes/No	
Insect Repellent	Yes/No	
Desitin®	Yes/No	
Vaseline®	Yes/No	
Lip Balm	Yes/No	
Hand Lotion	Yes/No	

By signing below, you agree that this is a legally binding form. Providing false information could result in termination of child care services.

Parent's/Guardian's Signature	Date
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