

NON-PRESCRIPTION TOPICAL APPLICATIONS

Child's Name: _____

I hereby give permission Crossroads Staff to administer the over-the-counter preparations listed below in accordance with the directions for use listed on the container:

Specify name brand, frequency and duration of use:

Ointment (Desitin, Vaseline, etc): _____

Sunscreen: _____

Insect Repellent: _____

Other: _____

I release Crossroads from any liability for administering these products.

Parent Signature/Date: _____

All items must be supplied by parents/guardian if use is requested. All items must be provided in the original container clearly labeled with the child's name.