



Northwest Christian Schools Early Learning Program Hand Lotion, Lip Balm, & Hand Soap Authorization Form



Child's Name: _____ Date of Birth/Age: _____

Name of hand lotion / lip balm / hand soap (Circle one): _____

Reason for hand lotion/lip balm/hand soap: _____

Start date: _____ Stop date: _____

When to apply: _____

(Cannot say "as needed")

Amount to be applied: _____

Possible side effects: _____

Is above information consistent with the label on the container _____

Special instructions: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Daytime Phone Number _____

This permission form is valid for 1 year from date of signature. Please renew annually.

Medication was returned to parents or discarded: _____ (Must be completed after stop date and before filing in child's file) Date _____