Consent for Non-Prescription Applications

Child's name			
I hereby give permission to apply any of the following preparations that are checked, in accordance with directions for use on the appropriate contain			
☐ Baby Wipes			
☐ Baby Lotion			
☐ Baby Oil			
☐ Non-prescription ointments (such as Desitin, Va	seline)		
☐ Teething Gel			
☐ Fever-reducing medication (such as Tylenol)			
☐ Other (please specify):			
Parent or Guardian Signature	Date		

The following is for the provider to fill in for tracking purposes.

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