

# TOPICAL CREAM / OINTMENT ANNUAL PERMISSION FORM



**CHILD'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

1. I give Tyndall Child Development Center (CDC) staff permission to apply the following:

**HAND LOTION, LIP BALM, DIAPER OINTMENT/CREAM (OTC),  
SUNSCREEN LOTION, INSECT REPELLENT AND HAND SANITIZERS**

2. Parent(s) may provide hand lotion, lip balm and diaper ointment/cream, which will be used when treatment is necessary. Must be in lotion form, not aerosol form.
3. Tyndall Child Development Center will provide insect repellent and sunscreen, and use in accordance with Caring for Our Children.
4. I understand that insect repellent will be applied during the high times of biting insect season and/or at the discretion of the CDC Staff.
5. This permission form **DOES NOT APPLY** to prescription creams or ointments. Prescribed creams or ointment may only be applied with daily approval on an AF Form 1055, Youth Flight Medication Permission Form, signed by the Child's parent(s) with direction from the Medical Advisor.
6. This permission must be renewed annually.

\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_\_  
**DATE**