

YOUNG YEARS CHILDREN'S EDUCATION CENTER AUTHORIZATION for APPLICATION of TOPICAL PRODUCTS

Child's Name: _____

Parent's Name: _____ Phone # _____

I authorize Young Years to apply the following topical products to my child whether center-provided or parent-provided.

Yes

No

- () () Sunscreen
- () () Insect Repellant
- () () Cream/Ointment/Balm
- () () Other _____
(name of topical)

This one time authorization will remain in effect until a new authorization is signed.

Parent's Signature

Date of Authorization