**NOTE FOR PARENTS REGARDING:**

**CREAMS/LOTIONS/LIP BALM/SUNCREEN/ETC.**

Child: Click or tap here to enter text. Date: Click or tap to enter a date.

Type of Item: [ ]  Sunscreen [ ]  Hand/Body Lotion [ ]  Diaper Cream [ ]  Lip Balm [ ]  Other: Click or tap here to enter text. (please specify)

Name of Item: Click or tap here to enter text.

Date of Purchase: Click or tap to enter a date.

Expiry Date (if applicable): Click or tap to enter a date.

Date to begin using item: Click or tap to enter a date.

I Click or tap here to enter text. (parent name), authorize the educator’s at Little Hands Children’s Learning Centre Inc. to administer/apply the named product to my child as noted above. It is to be administered/applied on their Click or tap here to enter text. (area to use item) when Click or tap here to enter text. (please specify when the item is to be used).

[ ]  By clicking this box, signifies that I agree to the information above being true and have completed the form myself.

Name: Click or tap here to enter text.