Community Colleges of Spokane

Spokane County Head Start/ECEAP/EHS

TOPICAL TREATMENT PERMISSION AND APPLICATION LOG

Your signature on this form gives the classroom your permission to apply topical treatments on your child. Permission will be valid for sunscreen and diaper treatment for 6 months or until you notify us and withdraw your permission. The staff can only apply according to the manufacturer's instructions on the label for the age of child, length of time and situations, and according to the Washington Administrative Code 388-295-3080(2)(3).

- Before giving permission to use the classroom product, read the classroom's product contents and instructions. Pay close attention to the active ingredients to make sure your child is not allergic.
- If your child is allergic to the classroom's product you can provide your own product for staff to apply to your child. This may include sunscreen, diaper ointments, lotions and powders.

If you have concerns about the use of product on your child, please ask your doctor before signing this permission form.

☐ Check here when this form is being used to document topical treatment for an individual child for application of ointments or lotions intended to reduce or stop itching or dry skin.

The product used in this classroom is: _____ **Permission valid:** ____/____ - ____/____

DATE	CHILD'S NAME	PARENT/GUARDIAN SIGNATURE	My child is NOT allergic to the above product *(if true, initial)*	I want the classroom's product applied *(if true, initial)*	My child is allergic to classroom product, apply product I provide (write name of product to be applied)

TOPICAL TREATMENT APPLICATION LOG

KEY: S = Stock Product Applied P = Parent's Product Applied R = Refused

Site _____ Room no. _____ ☐ full day ☐ a.m. ☐ p.m. Beginning date _____ Ending date _____

	DATE																				
	TIME																				
	STAFF INITIALS																				
S/P	**CHILD'S NAME**																				

Product applied by:

_____ / Staff signature and initials

_____ / Staff signature and initials

_____ / Staff signature and initials

_____ / Staff signature and initials