



Arlington Heights Nursery School  
*Established 1965*

## Non-Prescription Topical Medication/Cream Consent Form

**Child's Name** \_\_\_\_\_

Topical medication or cream must be in their original containers and be labeled with your child's name.

**I authorize AHNS staff to apply the following non-prescription topical medication/cream to my child:**

**Cream or lotion for dry skin**

Please provide specific name or brand \_\_\_\_\_

How often should cream or lotion be applied \_\_\_\_\_

**Diaper rash ointment**

Please provide specific name or brand \_\_\_\_\_

How often should cream or lotion be applied \_\_\_\_\_

**Other. Please specify:** \_\_\_\_\_

Please provide specific name or brand \_\_\_\_\_

How often should cream or lotion be applied \_\_\_\_\_

### **Special instructions:**

I have applied these products to my child at least once before at home, and my child has no known allergies to this medication or cream.

**Parent/Guardian Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_