SCUTTLEBUGS
CHILD DEVELOPMENT CENTER

3291 Stevens Creek Blvd, San Jose, CA 95117
www.ScuttleBugsCDC.com | (408) 564-5356

Consent for Topical Ointment/Sunscreen Application

Child's Name: _____ Parent's Name: _____

I give permission for the following to be applied on my child:

- ☐ ScuttleBugs provided sunscreen
- ☐ Desitin (or equivalent diaper cream)
- ☐ Aquaphor for diaper area
- ☐ Aquaphor for dry skin
- ☐ Sunscreen provided by parents. Brand name(s): _____
  NOTE: If sunscreen isn't provided, no sunscreen will be applied unless ScuttleBugs provided sunscreen above is also selected.
- ☐ Other parent provided ointment. Brand: _____
- ☐ Other parent provided ointment. Brand: _____
- ☐ Other parent provided ointment. Brand: _____

Special instructions if needed for application of the above: _____

_____

_____

☐ I do not give permission for the above to be applied on my child.

Parent/Guardian Signature _____ Date _____