

# Oak Grove Montessori School External Preparations Form

I give Oak Grove Montessori School permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

Child's Name:

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Please check the appropriate box:

Yes    No

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Baby Wipes   |
| <input type="checkbox"/> | <input type="checkbox"/> | Band-aids  |
| <input type="checkbox"/> | <input type="checkbox"/> | Neosporin or similar ointment                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Bactine or similar first aid spray                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Sunscreen  |
| <input type="checkbox"/> | <input type="checkbox"/> | Insect Repellent   |
| <input type="checkbox"/> | <input type="checkbox"/> | Non-Prescription ointment (such as A & D, Desitin, Vaseline) |
| <input type="checkbox"/> | <input type="checkbox"/> | Baby Powder  |
| <input type="checkbox"/> | <input type="checkbox"/> | Hand Sanitizer   |

Other (please specify) \_\_\_\_\_

Please note below if your child has any allergies to specific brands of external preparations.

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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### 590-1-.20(1)

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.