



TOPICAL PERMISSION FORM

Child's Name: _____ Date: _____

I give permission for the Baby Bulldog Center to apply the following topical items* on my child. Please **initial** next to each item.

_____ Diaper ointment

_____ Sunscreen (For babies 6 months and older)

_____ Bug spray

_____ Baby lotion

_____ Other: _____

*All of the above items are to be provided by the parents, clearly labeled with the child's name.

Parent Signature: _____