



## Authorization for Topical Creams

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_

Health Care Provider \_\_\_\_\_ Phone Number \_\_\_\_\_

Policy number \_\_\_\_\_

### Sunscreen Application Authorization

I permit SMG Clubhouse's designated staff to apply sunscreen on my child. I acknowledge that sunscreen application will occur on days that my child participates in any outdoor activities.

I am aware that it is my responsibility to provide SMG Clubhouse with sunscreen for my child.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Sunscreen Name: \_\_\_\_\_

Application Directions: \_\_\_\_\_

### Insect Repellent Application Authorization

I permit SMG Clubhouse's designated staff to apply insect repellent on my child. I acknowledge that insect repellent application will occur on days that my child participates in outdoor activities. I am aware that it is my responsibility to provide SMG Clubhouse with insect repellent for my child.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Insect repellent name: \_\_\_\_\_

Application Directions: \_\_\_\_\_

### Diaper Cream Application Authorization

I permit SMG Clubhouse's designated staff to apply diaper cream on my child. I acknowledge that diaper cream application will occur per my request. I am aware that it is my responsibility to provide SMG Clubhouse with diaper cream for my child.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Diaper cream name: \_\_\_\_\_

Application Directions \_\_\_\_\_

