



Country Grove Children's Center  
99 Todd Hill Rd.  
Poughkeepsie NY 12603  
(845)486-1080  
[countryygrove@gmail.com](mailto:countryygrove@gmail.com)

**TOPICAL APPLICATIONS**

I/we, \_\_\_\_\_, authorize the staff at Country  
Grove Children's Center to apply the following ointments/creams to my child(ren)

\_\_\_\_\_ as needed.

Diaper creams \_\_\_\_\_

Sunscreen \_\_\_\_\_

Bug Spray \_\_\_\_\_

I/we will supply these topical creams/ointments for the staff to apply to my child(ren). All items will be properly labeled with my child(ren)'s first and last name.

I/we understand that this form only applies to over the counter products. Any prescribed products require a written medical statement.

Should I/we choose to discontinue any use of any or all these items, I will notify the staff.

Parent Signature \_\_\_\_\_