

**Topical Permission**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for Banners staff to apply:

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

 Diaper Cream \_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as needed.

(Child’s Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/ Guardian Signature Date