

**Permission to Apply Over-the-Counter Ointment**

I/We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent(s)/guardian(s) of my/our child(ren) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, so give permission for the staff of Victory Child Care, Inc. to apply over-the-counter suntan lotion, lotions and creams for dry skin and OTC First Aid Anti-biotic Cream.

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*Parent/Guardian Signature Date*