



This form applies to the academic year 2024/2025. Please complete a new form, only if permission changes, as we may apply product on any day of the academic year. You may retain this copy for future use. Additional copies are available in the School Office.

Permission to Apply Non-Prescription Topical Product

Please indicate which topical products we may apply to your child, if provided by home:

Sunscreen

Moisturizing Skin Lotion

Lip Balm

Insect Repellent

Hand Sanitizer

Diaper Cream

Other (please specify):

I hereby give my permission to the staff (Principals, Teachers, and School Office Staff) of the Dr. Eric Jackman Institute of Child Study to apply the above selected topical products to my child, _____, in Grade ____ according to parent's instructions (attach or provide instructions below).

Instruction/Notes:

Signature of Parent/Guardian

Date