

Medical Release Form

Child's Name _____

Medical Consent:

I give my permission to the personnel of Community Child Care Center to secure and authorize such emergency medical care/treatment as my child/ren may require while under the supervision of CCCC.

Signature _____ Date _____

External Preparations

I give Community Child Care Center permission to apply the following external preparations in accordance with directions for use on the container.

	Yes	No
Items provided by CCCC		
Lotion – (Aquafor or Eucerin brands) - <i>used for dry skin, especially during winter months</i>		
Sunscreen – (Cal-Pharma's SPF Rx Mineral Sunscreen SPF 50) - <i>to protect skin from sunburn</i>		
Toothpaste – (Colgate or Crest for Kids brands) - <i>used in preschool rooms only; toddler families can check if giving permission as a future preschooler.</i>		
Hand Sanitizer (60%-95% alcohol based) – <i>used to sanitize hands when a sink is not available</i>		
Items provided by family		
Diaper Wipes – <i>used for diapering & to wash hands when a sink is not available</i>		
Insect Repellent – <i>used to prevent bug bites on CCCC playground or on walks</i>		
Non-prescription Diaper Ointment – <i>for diaper rashes</i>		
Lip Protectant/Balm – <i>used for dry lips, especially during winter months</i>		

Parent/Legal Guardian Signature _____

Date _____