



**THE EARLY CHILDHOOD CENTER PROGRAMS**

**Lab School of the School of Education**  
Brooklyn College Child Care Services, Inc.  
*Brooklyn College*  
*City University of New York*

**2900 Bedford Avenue 1604 James Hall Brooklyn, New York 11210**  
**Tel: (718) 951-5431 Fax: (718) 951-4658**

*Maryann Moran*  
Director

*Colleen Goddard*  
Educational Director

**Topical Over-the-Counter Ointments Authorization and Release:**

Child's Name	Date of Birth	Classroom	Today's date

I have requested the Center to apply the following over-the-counter ointment, lotion, sunscreen, or insect repellent to my child. The lotion to be used will be supplied by me and clearly labeled with my child's name. The brand name and details of the ointment are as follows:

- Sunscreen (over 12 months only) \_\_\_\_\_
- Insect Repellent (over 12 months only) \_\_\_\_\_
- Lotion \_\_\_\_\_
- Ointment \_\_\_\_\_

I have read the administration of medication policy, including the authorization release and understand it, and I am voluntarily signing this form. I give authorization to the Early Childhood Center Programs to administer the over-the-counter ointment, sunscreen, or insect repellent to my child.

\_\_\_\_\_  
Parent/Legal Guardian Name-Print

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date