

Simple First Aid/ Sunscreen Form

Child's Name: _____

I give permission for Great Expectations to apply the following non-child specific over-the-counter first-aid medication to my child in the event of a minor injury (brush burn, scrape, minor cut, etc.).

Please check all that apply.

- Triple antibiotic ointment
- Hydrocortisone 1% Cream
- Sting-kill wipes
- Antiseptic towelettes

I additionally allow Great Expectations to apply
_____ to my child as needed.
(type of diaper rash ointment/cream)

Name/Brand of Sunscreen: _____ SPF: _____

Parent's Signature: _____ Date: _____

Please provide lotion sunscreen for your child, as we cannot accept aerosol.