

2022-2023 School Year

Authorization for Neosporin

Please accept this notification as authority to treat my child,

, in the "as-needed" basis for minor cuts and scrapes with Neosporin. I understand that all medication will only be administered, by the caregiver, as indicated on the back of the package. Neosporin will not be administered on a child without permission.

Known Allergies: ______

Parent/Legal Guardian Signature

Date

Authorization for Sunscreen and/or Bug Repellant

Please accept this notification as authority to treat my child,

in the "as-needed" basis for sunscreen and/or bug repellant. I understand that all sunscreen and/or but repellant is to be brought to Bright Beginners by myself and not by my child. I also understand that all medication will be given to my child only and will have his/her name printed on the container.

Parent/Legal Guardian Signature

Date