

## 2024-2025 School Year

## Authorization for Neosporin and Hydrocortisone Cream

Please accept this notification as authority to treat my child,

, in the "as-needed" basis for minor cuts and scrapes with Neosporin and for insect bites with Hydrocrtisone Cream. I understand that all medication will only be administered, by the caregiver, as indicated on the back of the package. Neosporin and Hydrocortisone Cream 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