Consent for non-prescription, non-medicated, topical cream or lotion

| Cream or lotion is supplied by parent, ir | n the original container, labeled with student's na | me. |
|---|---|-----|
| Student name | | |
| Name of cream | | |
| Directions specifying frequency, time of | | |
| | | |
| | | |
| | | |
| I give MDOW staff my permission to ap | pply the above named cream. | |
| Printed name | | |
| Signature | date | |

| date | time | Staff initials |
|------|------|----------------|
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