

Little Leaders of KCK

Learning, Caring, Growing

External Non-Prescription Preparations Form

Child's Name:	Date of Birth:
Height:	Weight:

I hereby give the teacher(s) at Little Leaders of KCK permission to use or apply one or more of the following external preparations, in accordance with the directions for use on the container. I understand that this form is valid for the entire time my child attends Little Leaders of KCK. I understand it is my responsibility to request a new form should I wish to change this information.

Product	Yes/No	Comments
Baby Wipes	Yes/No	
Band-aids	Yes/No	
Antibiotic Ointment	Yes/No	
First-aid Spray	Yes/No	
Sunscreen	Yes/No	
Insect Repellent	Yes/No	
Desitin®	Yes/No	
Vaseline®	Yes/No	
Lip Balm	Yes/No	
Hand Lotion	Yes/No	

By signing below, you agree that this is a legally binding form. Providing false information could result in termination of child care services.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Little Leaders' Representative	Date