



# THE MANOR MONTESSORI SCHOOL

## TOPICAL APPLICATION PERMISSION FORM

NAME OF CHILD \_\_\_\_\_ Date \_\_\_\_\_

THE FOLLOWING (circle one)

SUNSCREEN , INSECT REPELLENT , CHAP STICK , LOTION, OTHER \_\_\_\_\_

NAME OF PRODUCT \_\_\_\_\_

EXPIRATION DATE OF PRODUCT \_\_\_\_\_

Check one:

- Child will apply to him/her self without assistance.
- Permission given to The Manor staff to help child apply product.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_