PRESCHOOL PREP

External Preparations Form

Child's Name		Date:
Child's DOB		Weight
Height	Hair Color	Eye Color

I hereby give **employees of Pre School-Prep** permission to apply one or more of the following external preparations, in accordance with the directions for use on the container.

( ) Baby wipes

( ) band-aids

( ) Neosporin, bacitracin, or similar ointment

( ) bactine or similar first-aid spray

( ) Sunscreen

( ) Insect repellent

( ) Non-prescription ointment (such as A & D, Desitin, Vaseline)

( ) * Other: (please specify) _____

* Must be provided by the parent.

I hereby request that **Pre School-Prep** administer one or more of the above external preparations in accordance with the directions on the container as needed.

I release **Pre School-Prep** from any liability for administering these preparations.

By signing below, you agree that this is a legally binding form. Providing false information could result in termination of childcare services, forfeiture or retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Provider name Signature	Date

(480) 579-9969