



PERMISSION FORM

I give permission for Little Red Caboose staff members to apply the following to my child

_____ as needed.

Child's Name

Check Those Which Apply:

- | | |
|--|--|
| <input type="checkbox"/> Diaper Ointment | <input type="checkbox"/> Vaseline |
| <input type="checkbox"/> Lotion | <input type="checkbox"/> Benadryl cream |
| <input type="checkbox"/> Powder | <input type="checkbox"/> Antibiotic ointment |
| <input type="checkbox"/> Orajel | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Bug Spray | <input type="checkbox"/> Swimmer's Ear |

Parent's Signature

____/____/____
Date