



PERMISSION FORM

I give permission for Little Red Caboose staff members to apply the following to my
child _____ as needed.

Check Those Which Apply:

- | | |
|--|--|
| <input type="checkbox"/> Diaper Ointment | <input type="checkbox"/> Vaseline |
| <input type="checkbox"/> Lotion | <input type="checkbox"/> Benedryl cream/gel |
| <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



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