Fort Hill
Center for Early Childhood Education
Smith College
28 Lyman Road
Northampton, MA 01063
413-585-3290

TOPICAL CREAM/OINTMENT FORM

Child's Name_____ **Date**_____

Please indicate what topical cream/ointment **(not applied to open wound/broken skin*)** you will provide and give us permission to use for your child's care:

Name of cream/ointment:_____

Times to be given:_____

Reasons for cream/ointment:_____

Possible side effects:_____

All creams/ointments must be in original container with original label containing the name of the child affixed.

Parents' Signature _____
(Both parents where applicable)

_____

*****Any creams/ointments applied to open wounds/broken skin must have authorization from child's health care provider.

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