



**TOPICAL CREAM AUTHORIZATION RECORD**

Date: \_\_\_\_\_

I (Name of Parent): \_\_\_\_\_ authorize the  
administration of (Name of product): \_\_\_\_\_  
to (Name of Child): \_\_\_\_\_

Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_



**For School Use Only**

I have read and understand the above instructions:

\_\_\_\_\_  
*(Name of teacher who receives cream and instructions from parents)*

Name of teacher to administer cream:

\_\_\_\_\_