



Health Product Release Form

Location:

Kids Korner

Kids Korner two

Kids Campus

Child's Name: _____

I give you permission to administer the following health products to my child as needed or instructed.

Sun Screen (of SPF 30 or higher)

Gas Drops

Desitin

Bug Spray

A&D Ointment

Bacitracin

Lotion (Please indicate type) _____

Other Product (Please list) _____

This paper is to be evaluated every year or when the child moves to another room. These products need to be brought from home. Thank you.

Parent's Signature

Date