

**TWIN CITY CHRISTIAN EARLY EDUCATION CENTER**  
**Consent for Application of Skin Treatments**

I, \_\_\_\_\_ give the staff at TCCEEC permission to apply  
(Parent's Name)  
the following to my child, \_\_\_\_\_.  
(Child's Name)

Please check appropriate box. If Yes, please state when to apply.

Vaseline                      Yes     No  \_\_\_\_\_

Diaper Ointment            Yes     No  \_\_\_\_\_

Powder                        Yes     No  \_\_\_\_\_

Lotion                         Yes     No  \_\_\_\_\_

Sunscreen                    Yes     No  \_\_\_\_\_

Bug Repellent              Yes     No  \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_