Child's Room # _____

CHILD & YOUTH SERVICES
BASIC CARE ITEM TREATMENT CONSENT

PARENT/GUARDIAN STATEMENT OF PERMISSION:

I give permission to the Child & Youth Services staff to apply the over the counter item checked below to my child _____. (List only one item per permission form.)
(Name of child)

Circle a 4-month period of time:

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

_____ Desitin or Zinc based ointment
_____ A & D Ointment
_____ Zinc Oxide Cream
_____ Vaseline or Petroleum Jelly
_____ Sunscreen (SPF 15 or higher; no insect repellant)
(sunscreen will be applied once/day before PM outside play)

_____ Saline cream/ointment
_____ Lanolin based lotion
_____ Chapstick
Other _____
(*with approval of Community Health Nurse)*

Time/Frequency:_____ **Area of Application**:_____

_____ _____ _____
Parent/Guardian Signature *CYS Director Signature* *Date*

Month/Year:

1	**2**	**3**	**4**	**5**
6	**7**	**8**	**9**	**10**
11	**12**	**13**	**14**	**15**
16	**17**	**18**	**19**	**20**
21	**22**	**23**	**24**	**25**
26	**27**	**28**	**29**	**30/31**

Month/Year:

1	**2**	**3**	**4**	**5**
6	**7**	**8**	**9**	**10**
11	**12**	**13**	**14**	**15**
16	**17**	**18**	**19**	**20**
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Month/Year:

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Month/Year:

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16	**17**	**18**	**19**	**20**
21	**22**	**23**	**24**	**25**
26	**27**	**28**	**29**	**30/31**

Caregivers applying basic care item must enter their initials and time of application in blocks above.