



Child's Name: _____ Age: _____

Skagway Child Care Council
DBA Little Dippers Learning Center
PO Box 419, Skagway, Alaska 99840
(907) 983-2785

Topical Skin Products Authorization

I give Little Dippers Learning Center staff permission to use the following topical products on my child when necessary and as prescribed by the manufacturer on the product label.

_____ Sunscreen

_____ Hydrating Lotion

_____ Insect Repellent

_____ Bactine Spray

_____ I do not give permission for LDLC staff to use the products listed above on my child.

_____ I give permission for the LDLC staff to use the products on my child that I have provided.

Child's Name

Parent/Guardian Signature

Date