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Topical Ointment Permission

(Parent/guardian name)		n for Joy Kids Learning Center	
to apply(Diaper ointment		(Insect repellent)	
	to my child	as	
(Other)		(Child's name)	
needed.			
I will send in the ointment/lo	otion with my child's name on it to	be kept at the center.	
Parent/guardian sign	nature	Date	