

Fort Hill
Center for Early Childhood Education
Smith College
28 Lyman Road
Northampton, MA 01063
413-585-3290

TOPICAL CREAM/OINTMENT FORM

Child's Name _____ **Date** _____

Please indicate what topical cream/ointment (**not applied to open wound/broken skin***) you will provide and give us permission to use for your child's care:

Name of cream/ointment: _____

Times to be given: _____

Reasons for cream/ointment: _____

Possible side effects: _____

All creams/ointments must be in original container with original label containing the name of the child affixed.

Parents' Signature _____
(Both parents where applicable) _____

*Any creams/ointments applied to open wounds/broken skin must have authorization from child's health care provider.