

Child's Name:	A 00:
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

give Little Dippers Learning Center staff permission to on my child when necessary and as prescribed by the	
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 prohave provided.	oducts on my child that I
Child's Name	-
Parent/Guardian Signature	Date