



**VALLEY VIEW**  
**Early Learning Center**

## Topical Products Consent Form

Child's Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

### **Sunscreen**

**Permission to apply Sunscreen as needed:**

I do consent

I do not consent

\_\_\_\_\_ I have provided VVELC with a **non- spray** sunscreen that is **SPF 30** or above.

**Brand of Sunscreen Provided:** \_\_\_\_\_.

\_\_\_\_\_ Sunscreen has been labeled with my child's **first and last name**.

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### **Lotion**

**Permission to apply Cetaphil or Cerave lotion as needed:**

I do consent

I do not consent

If needed, please provide us with a preferred lotion to use during school hours. Please label the lotion with your child's first and last name. Lotion must be in original packaging.

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### **Hand Sanitizer**

**I give permission to apply an alcohol-based Hand Sanitizer as a secondary precaution as needed. Children will wash hands with soap and water first, then hand sanitizer can be applied. Hand sanitizer will be used in accordance with package directions and only under the supervision of a staff member.**

I do consent

I do not consent

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)