



## Manor ISD CDC

### Permission to Apply

I will Supply the Following item(s) labeled for my child. The directions on the item must be consistent with the age of the child in order for it to be applied (initial below)

\_\_\_\_ Sunscreen – roll on is preferred for easy application

\_\_\_\_ Diaper Cream

I give the CDC staff permission to apply the following:

\_\_\_\_ Sunscreen – roll on is preferred for easy application

\_\_\_\_ Diaper Cream

to my child: \_\_\_\_\_

(Child's First and Last Name)

Parent Name : \_\_\_\_\_

Parent Signature : \_\_\_\_\_ Date \_\_\_\_\_