

Topical Ointment Authorization

Authorization form for the appointments and/or creams, including repellent, diaper ointment note for children under 2.) All containers are to be marked marker. Authorization Form marker prescription topical ointment of	uding but not limit t or teething gel (and with the child's sust be completed	ited to suns (with a phy name in p	screen, vsician's permanent	
Child's Name		Age	Room #	
I authorize Cambridge School prescription topical ointments mentioned child, as described products will only be applied a deviations from labeled direct authorization. For children und represented on the label or a authorization will be required.	and/or creams to below. I unders according to pro- ions will require a der two years, ple	o the abov tand that t duct label. physician' ease insure	e hese Any s written	
Name of Topical Ointment Cream	Where on the k	Where on the body to be applied		
When to be applied	Start date	Expirat	ion Date	
	ntion is valid for 1 yon, place in child's			

Date

Parent/Guardian Signature