

Springfield College
Child Development Center
715 Wilbraham Road, Springfield, MA 01109
(413) 788-2451



Sunscreen, Insect Repellant Consent, and/or Diaper Cream
102 CMR 7.05(2)(c)
102 CM R 7.11(02)(1)

Name of Child: _____

Topical Non-prescription Application:

Sunscreen: _____ (initial)

Insect Repellant: _____ (initial)

Diaper Cream: _____ (initial)

Application of diaper cream will be noted on the daily nap chart or verbally reported to the family.

Date: September 20____ through August 20____

I, _____, (parent or guardian) give permission to authorized staff member(s) to administer the non-prescription topical application listed above. I will/have provide(d) the topical application labeled with my child's name to the center for the exclusive use of my child.

Parent/Guardian Signature

Date