



## Lip Balm & Hand Cream Request Form

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

Classroom \_\_\_\_\_

Date \_\_\_\_\_

Brand of Lip Balm \_\_\_\_\_

Dates For Administration \_\_\_\_\_ To \_\_\_\_\_

Brand of Hand Cream \_\_\_\_\_

Dates For Administration \_\_\_\_\_ To \_\_\_\_\_

I give permission to apply ***lip balm and/ or hand cream***  
to my child as indicated above.

\_\_\_\_\_  
Parent Signature and Date