



PERMISSION TO SELF-APPLY
2024/2025

I, _____, the parent/guardian of

_____ give permission for my student to use the following parent provided, FDA approved, over-the-counter *topical* substances:

- 1. Antibiotic ointment**
- 2. Itch cream**
- 3. Lip Balm**
- 4. Lotion**
- 5. Sunscreen**
- 6. Insect Repellant**
- 7. School Provided Hand Sanitizer/Alcohol Wipes**

I understand that my student will need to apply these topical substances and that my student knows not to share this with any other students.

Parent's signature: _____ Date: _____