

Childcare & Preschool  
Center  
M-F 6:30am - 6:30 pm



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Amherst, NY 14228  
716.688.8266  
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Email: [info@bfkisses.com](mailto:info@bfkisses.com)

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### TOPICAL OINTMENT PERMISSION FORM

I, \_\_\_\_\_, give Butterfly Kisses Childcare permission to apply over-the-counter topical ointments, sunscreen, diaper cream and/or topically applied insect repellent that I have provided according to label directions to my child,

\_\_\_\_\_.

I understand that it is my responsibility to provide these for my child. These items must be in their original container and labeled with child's first and last name. If I have not provided these, I understand my child will not receive any of them from another child or center supply.

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parent signature

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date