



St. Louis King of France Catholic School

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Pamela K. Schott, Principal

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Authorization for the Application of Topical Products

I give permission for Little Crusader's Nursery staff to apply the following topical products to my child:

YES NO

() () Diaper Rash Ointment

() () Neosporin / Aquaphor / Vaseline

() () Baby Powder

() () Sunscreen

() () Insect Repellant

() () Other _____

Any of the above mentioned products must be provided by the child's parent/guardian in its original container and must be CLEARLY LABELED with the child's name. Items can be stored in your child's cubby. Products can not and will not be shared between children.

This one time authorization will remain in effect until a new authorization is signed.

Name of Child: _____

Signature of Parent: _____

Date: _____