

Lotion Permission

Child's Name _____ Parent/Guardian Name _____

I give my permission for the staff at MorningStar to assist with the applying or apply the lotion mentioned below to my child. This product will be _____ or an equivalent product that will not contain any allergens for the current student population. It is my responsibility to check the ingredients to ensure that my child is not allergic to it. The lotion will not be applied to broken skin or if a skin reaction is observed, it will be reported promptly.

Parent Signature _____ Date _____