



Odyssey Preschool

...the journey begins

Administration of creams or Medications

I _____, gives Odyssey Preschool permission to
(Name of Guardian)

administer/apply _____ to my child,
(Name of medicine/sunscreen)

_____ according to these instructions.
(Child's Name)

**All sunscreen/medicine must be in its original container. No exceptions.

Guardian signature _____ Date _____