

Lockhart ISD Cub House CDC

Permission to Apply

I will Supply the Following item(s) labeled for my child. The directions on the item must be consistent with the age of the child in order for it to be applied.

- Sunscreen – roll on is preferred for easy application
- Diaper Cream

I give the CDC staff permission to apply the following:

- Sunscreen – roll on is preferred for easy application
- Diaper Cream

to my child: _____

(Child's First and Last Name)

Parent Name: _____

Parent Signature: _____

Date: _____