

DE LA FONTAINE



## SUNSCREEN, SKINCARE AND DIAPER RASH CREAM PERMISSION FORM/LOG

I hereby authorize the staff of **De La Fontaine Trilingual Montessori School** to apply when needed sunscreen, insect repellent and diaper rash cream that I provided for my child:

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Child's name

First & Last names of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_