

2009-10 Authorization for Topical Applications

Please complete this form and return to your child's teacher.

Child's Name

Date

I authorize the application of the following for my child, as required.

- Diaper Ointment
- Sunscreen
- Insect Repellent
- Neosporin, as needed for cuts, scrapes or other skin injuries
- Other: _____

Parent Signature

Date

Montessori School of Louisville, Inc. – a nonprofit organization

Mission & Vision - We ignite the child's innate love of learning in a diverse and nurturing community by integrating authentic Montessori philosophy with contemporary research-based educational methods. We empower each individual to make knowledgeable, responsible, and peaceful contributions to the global community.

PO Box 6271, Louisville, KY 40206-0271 phone 502-640-8585 fax 502-413-5699 montessorischooloflouisville.org
