

# *Polly Panda Preschool*

---

I authorize Polly Panda Preschool to administer the following as needed (circle all that apply).

Sunscreen

Insect Repellent

Non-medicated powder

Petroleum jelly

Diaper rash ointment

Child's name: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Any special instructions: \_\_\_\_\_

\_\_\_\_\_

---

Indianapolis  
2944 East 56<sup>th</sup> Street  
Indianapolis, IN 46220  
(317) 257-9127  
fax: (317) 257-9128