

Date: _____

Child's Name: _____

FIRST AID TREATMENT

I give Pooh Corner staff permission to use an antibiotic topical ointment on scrapes, scratches, splinters, etc. (any time the skin is broken) after cleaning the injury. Yes No

I give Pooh Corner staff permission to use an anti-itch topical solution on bug bites after cleaning the area. Yes No

Parents will be notified on the injury report form if these topical applications have been applied.

Parent's Signature