



**CHILDREN'S CONTINUOUS CARE INC.**  
"Your child's home away from home"

369 Mildahn; Macedon, NY 14502

Phone: 585.377.9630 Fax: 585.377.2816

To: Parents

Re: **Over-The-Counter Topical Ointment Permission Form**

I \_\_\_\_\_, give Children's Continuous  
(Parent/Guardian Name)

Care permission to administer over-the-counter topical ointment for my child

\_\_\_\_\_ during the program hours.  
(Child's Name)

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** Please return this form to your caregiver when completed.

Thank you!

Children's Continuous Care  
(Wanda/Wendy)