

Opt Out of Personal Care Items

Please initial below if you do not want Personal Care Items (Vaseline and/or lotion) applied to your child during school. This will be valid for the current school year _____.

_____ DO NOT Apply personal care items to my student
Initial here

Student's Name _____ Grade _____ DOB _____

Parent's Name _____

Parent's
Signature _____ Date _____

School Nurse Signature _____ Date _____