



Capital Kids Preschool

Where Minds Grow

## Topical Cream Form

Capital Kids policy requires permission to apply any topical/diaper creams. Please fill out the information below to enable your child's teacher to apply topical cream or diaper cream to your son/daughter.

Child's Name: \_\_\_\_\_

Name of Topical/diaper Cream: \_\_\_\_\_

Apply When: \_\_\_\_\_

\_\_\_\_\_

I give permission to apply the above topical cream/diaper cream to my child under the above circumstances.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

20 Nigel Philip Ave  
Eastlea, Harare  
Phone: 0772653802/ 0779888914  
Website: [capitalkids.co.zw](http://capitalkids.co.zw)