



Step by Step Children's Learning Center

47 A Loveton Circle Sparks, Maryland 21152

Phone - 410.771.4151 Fax - 410.771.4176

E-Mail - g_frizzera@yahoo.com

Non-prescription Topical Authorization Form

Date: _____

Child's name: _____

Name of topical product: _____

Condition product is being used for: _____

Time/Frequency of administration: _____

Product to be administered from: _____ to _____
Month/day/year Month/day/year

I give permission for Step by Step CLC to apply the above topical product:

Parent name: _____

Parent signature: _____

Telephone: _____