

## CHAPSTICK AUTHORIZATION

Date: \_\_\_\_\_

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

Albuquerque Nursery School is hereby authorized to apply any ChapStick supplied by me. This ChapStick is to be applied to my child as needed. I hold Albuquerque Nursery School harmless as the result of ChapStick applications in accordance with instructions on the ChapStick.

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Parent /Guardian Signature