

Basic Care Form

This form must be filled out and signed in order for the basic care to be applied to your child. If this form is not filled out and signed, LFP cannot apply the basic care to your child, in accordance with state regulations. LFP will not provide basic care for your child if no product is provided from parents/guardians.

Child's Name: _____

Date Range: _____ to _____

Type	Product Name		
• Sunscreen			
Directions/Frequency:			
Type	Product Name		
• Chapstick			
Directions/Frequency:			
Type	Product Name		
• Lotion			
Directions/Frequency:			
Type	Product Name		
• Diaper Cream			
Directions/Frequency:			
Type	Product Name		
• Other			
Directions/Frequency:			

Parent Name: _____

Parent Signature: _____ **Date:** _____