Southern Oregon Child & Family Council, Inc.

Southern Oregon Head Start

Health Services Office

1001 Beall Lane ~ P.O. Box 3697 ~ Central Point, OR 97502 ~ (541) 734-5150 ~ Fax (541) 734-5229

Clinic Name: _____ Provider Name: _____

Address: _____

Phone # _____

Please allow my child: _____DOB: _____
to have the following over the counter product at school for personal use. I understand that I will need to provide it for my child and it will remain at school:

_____Hand soap (to use each time child washes their hands) Brand: _____

_____Chapstick (to use as needed for dry lips) Brand: _____

_____Sunscreen (to be applied prior to outside time) Brand: _____

_____Lotion (as needed for dry skin) Brand: _____

_____Toothpaste (to use 1 time daily after a meal) Brand: _____

_____ Water Wipes (to be used at diaper change)

Comments:

_____

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_____

Parent/Guardian Signature _____Date _____