

PARENT/GUARDIAN AUTHORIZATION FOR THE ADMINISTRATION OF
NON-PRESCRIPTION TOPICAL MEDICATIONS BY CHILD CARE PERSONNEL

To child care nurse, director or teacher:

I hereby request that the following non-prescription topical medication be administered to my child by a staff member of the child care facility. I understand that I must supply the child care center or group child care home with the non-prescription topical medication in the original container labeled with the child's name, the name of the medication, and the directions for the medication administration.

This authorization is limited to the following topical medications:

1. Non prescription diaper changing ointments that are free of antibiotic or steroidal components.
2. Non prescription medicated powders.
3. Non prescription insect repellants.
4. Non prescription teething medications.
5. Non prescription sunscreen protectants that are free of amino benzoic acid (PABA) or its derivatives.

Name of Child _____ Date of Birth _____

Address _____

Medication: Name, method of administration, area of application _____

Schedule of Administration _____

Medication shall be administered from _____ to _____
(Date) (Date)

Reason for which medication is being administered _____

I have administered at least one dose of the above medication to my child without adverse side effects.

Name of Parent/Guardian _____ Date _____
(Print or Type)

Signature: _____ Relationship to Child _____

Address: _____ Telephone: _____

FOR STAFF TO COMPLETE:

Parent authorization form and medication received by _____
(signature of staff)

Medication started _____ (date and time)

Medication ended _____ (date and time)

