

6/15/2017

**PARENT/GUARDIAN AUTHORIZATION FOR THE ADMINISTRATION OF
NON-PRESCRIPTION TOPICAL MEDICATIONS BY Early Childhood Center**

To the Early Childhood Center Director or Teacher:

I hereby request that a staff member of the Early Childhood Center administer the following non-prescription topical medication to my child . I understand that I must supply the Early Childhood Center 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 steroid components.
2. Non prescription medicated powders.
3. Non prescription insect repellants.
4. Non prescription teething medications.
5. Non prescription sunscreens that are free of amino benzoic acid (PABA) of 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 _____

(Type or Print)

Signature: _____ Relationship to child: _____

Address: _____ Telephone() _____

FOR STAFF TO COMPLETE:

Parent authorization form and medication received by: _____

(Signature of Staff)

Medication Started _____ (Date & Time)

Medication Ended _____ (Date & Time)