



**PARENT/GUARDIAN AUTHORIZATION FOR THE ADMINISTRATION OF  
NON-PRESCRIPTION TOPICAL MEDICATIONS**

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 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 \_\_\_\_\_

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)