



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

To childcare nurse, director or teacher:

I hereby request that a staff member of the childcare facility administer the following non-prescription topical medication for my child. I understand that I must supply the childcare center with the non-prescription topical medication in the original container labeled with the child's name, the name of medication, and directions for the medication administration.

This authorization is limited to the following topical medications:

1. Non-prescription diaper changing ointments that are free of antibiotics, anti-fungal or steroidal components.
2. Non-prescriptions medicated powders.
3. Non-prescriptions insect repellants.
4. Non-prescriptions sunscreen that is free of amino benzoic (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 _____

Signature: _____ Relationship to child: _____

Address: _____ Telephone _____

FOR STAFF TO COMPLETE:

Parent authorization form and medications received by _____

Medication started _____ (Date and Time)

Medication ended _____ (Date and Time)