



NON-PRESCRIPTION TOPICAL MED.

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

This authorization is limited to the following topical non-prescription medications:

1. Non-prescription diaper changing ointments that are free of antibiotics, antifungal or steroid components.
2. Non-prescription medicated powders.
3. Non-prescription topical teething medications.
4. Non-prescription insect repellents. *
5. Non-prescription sunscreen products that is free of PABA. *
6. Lip gloss for preventative care (not to be used if has mouth sores).
7. Non-prescription skin lotions for preventative care. *
(Lotions can not be used for rashes or on skin lesions without physician authorization form).
8. Normal saline nose drops. *

* Permission not mandated by regulations, but required by this child care program.

ALL other medications require medical authorization.

Child's Name _____ Date of Birth _____ / _____ / _____

Address _____

MEDICATION *(Name, method of administration, area of application, schedule & reason for application)*

Medication authorization from *(Date)* _____ to *(Date)* _____ *(One year duration allowed)*

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

Print Name of Parent/Guardian _____ Date _____ / _____ / _____

Signature _____ Relationship to Child _____

Address _____ Phone _____

STAFF TO COMPLETE

Parent authorization form and medication received by *(Signature)* _____

Medication Started *(Date and Time)* _____ Medication Ended *(Date and Time)* _____