



**PARENT/GUARDIAN AUTHORIZATION FOR THE ADMINISTRATION OF
NON-PRESCRIPTION MEDICATION AS DESCRIBED BELOW**

This authorization is limited to the following topical medications:

1. Non-prescription diaper changing ointments that are free of antibiotics, antifungal or steroidal components.
2. Non-prescription medicated powders.
3. Non-prescription teething medications.
4. Non-prescription insect repellents
5. Non-prescription sunscreen protectants * that are free of amino benzoic acid (PABA) *

1. **Name of Child** _____ **Date of Birth** _____
Address: _____
2. **Medication:** _____
3. **Dose/Amount** _____ 4. **Route/area of application** _____
5. **Time/Symptoms to give medication:** _____

Medication shall be administered from _____ to _____
Date Date

Reason for which medication is being administered: _____

I hereby request that the above directions are followed in administering the non-prescription topical medication to my child, _____, by a staff member of the day care facility. I understand that I must supply the child care facility 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. I have administered at least one dose of the above medication to my child without adverse side effects.

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

Signature _____ Relationship to Child _____
Address _____ Daytime phone: _____

For Staff to Complete:

Parent Authorization form and medication received by: _____

Medication started: _____ **(date and time)**

Medication ended: _____ **(date and time)**