

Medication Administration Permission for Over-the-Counter Topical Medications

Parent/guardian must authorize staff to apply over-the-counter, topical ointments, topical teething ointment or gel, lotions, creams, and powders. Sunscreen and baby lotion are examples. Only accept items in their original containers and clearly labeled with the child's name. Keep all items out of reach of children when not in use.

Child's Name _____

Permission is given to apply the following (name/type) _____

Permission may be given for up to 12 months. Permission valid from ____/____/____ to ____/____/____
(today's date) (1 year from today)

- Diaper Cream Amount: _____ pea sized smear _____ Expiration date: _____
- Sunscreen Amount: _____ enough to cover exposed skin _____ Expiration date: _____
- Other Medication Amount (specify): _____ Expiration date: _____

Where to apply (circle one) the ointment, lotion, cream, or powder:

- all exposed skin face only diaper area
 other (specify) _____

When to apply (circle one) the ointment, lotion, cream, or powder:

- before going outside after each diaper change after a bowel movement
 other(specify) _____

Describe how to apply (circle one) the ointment, lotion, cream, or powder. _____

I give permission to my child care provider to apply the medication listed above as instructed:

Parent/guardian name

Parent/guardian signature

Date