**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