

Medication Administration Permission for Over-the-Counter, Topical Medications

Parent/quardian must authorize staff to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, and powders. Sunscreen and baby lotion are examples. Only accept items in their original containers and labeled clearly with the child's name. Keep insect repellents in locked storage and all other items out of reach of children when not in use. Name of topical over-the-counter ointment, repellent, lotion, cream, or powder _____ Amount _____ Expiration date, if applicable _____ Permission may be given for up to 12 months. Permission valid from ____/___ to ____/____ Where to apply the ointment, repellent, lotion, cream, or powder: ☐ all exposed skin ☐ diaper area ☐ face only □ other (specify) When to apply the ointment, repellent, lotion, cream, or powder: □ before going outside □ after each diaper change □ after a bowel movement □ other/as needed for (specify)_____ Describe how to apply the ointment, repellent, lotion, cream, or powder. I give permission to my child care provider to apply the medication listed above as instructed. Parent/Guardian Signature Date 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, insect repellents, 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 insect repellents in locked storage and all other items out of reach of children when not in use. Name of topical over-the-counter ointment, repellent, lotion, cream, or powder _____ ______ Expiration date, if applicable _____ Permission may be given for up to 12 months. Permission valid from / / to / / Where to apply the ointment, repellent, lotion, cream, or powder: ☐ all exposed skin diaper area ☐ face only other (specify) _____ When to apply the ointment, repellent, lotion, cream, or powder: □ before going outside □ after each diaper change □ after a bowel movement □ other/as needed for (specify) Describe how to apply the ointment, repellent, lotion, cream, or powder. I give permission to my child care provider to apply the medication listed above as instructed.

Date

Parent/Guardian Signature