



Permission Slip to Administer Topical Over the Counter Medications

Dear Parents,

Landmark Preschool does not administer prescription or over the counter medications to our students without a physician's order signed by both the physician and parent. We are able, with parental permission, to administer over the counter topical medications that **do not contain antibiotics** such as sunscreen, insect repellent, and poison ivy lotions. Please be sure to read the ingredients carefully. By completing and returning this permission slip along with the medication labeled with your child's name, you are authorizing Landmark staff members to administer these medications.

Please return this form to your child's school office.

Name of Child: _____

Teacher: _____

Parent's Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Name of Medication(s) (check all for which you are giving approval to administer):

Sunscreen Insect Repellent Diaper Rash Cream Poison Ivy Lotion
 Other _____

If medication is to be administered for a limited period of time, please indicate start and end dates:

Start Date: _____ End Date: _____

If medication is to be administered at specific times, please indicate:

Time(s) of day to administer: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

