



**National Child Research Center
Non-prescription, Topical Medical Authorization Form**

Non-prescription Topical Ointments: can be applied according to the manufacturer's instructions with authorization from the parent/guardian for a period not to exceed **one year**. Medication instructions must note how much medication to apply based on the child's age and weight. This includes diaper cream, sunscreen, insect repellent and other non-medicated (free from antibiotic, antifungal or steroidal components) topical ointments designated for use for children.

Note: All non-prescription medications must be provided in the original container, labeled with the child's full name. Non-prescription medications must be designated for use for children.

Child's Full Name: _____ **D.O.B.:** _____

Classroom: _____

	Product Name	Expiration Date	Start Date	End Date
Sunscreen				
Insect Repellent				
Non-Prescription Ointment (such as diaper cream)				
Other (Please specify)				

Specific Terms of Use: _____

Parent/Guardian Signature

Date

School Use Only:

Disposal of Leftover Topical Ointment/Cream:

- Returned to Child's Parent/Guardian
- Discarded

Authorized Person's Signature

Date

Rights of Medication

1. Verification that the *right* received
2. The *right* medication
3. In the *right* dose
4. At the right time
5. By the right method
6. And the right documentation is completed