

**Parent/Guardian Authorization for the Administration of
Non-Prescription Medication as Described Below**

This authorization is limited to the following topical medications:

1. Non-prescription diaper changing ointments that are free of antibiotics, antifungal or steroidal components.
2. Non-prescription medicated powders.
3. Non-prescription teething medications.
4. Non-prescription insect repellents
5. Non-prescription sunscreen protectants* that are free of amino benzoic acid (PABA) *

1. Name of Child: _____ **Date of Birth:** _____

Address: _____

2. Medication: (name of diaper cream) _____

3. Dose/Amount apply evenly and liberally to cover diaper area

4. Route/area of application diaper area

5. Time/Symptoms to give medication: as needed for irritation

Medication shall be administered from _____ to _____
(today's date) (one year from today)

Reason for which medication is being administered: for diaper irritation

I hereby request that the above directions are followed in administering the non-prescription topical medication to my child, _____, by a staff member of the day care facility. I understand that I must supply the child care facility with the non-prescription topical medication in the original container, labeled with the child's name, the name of the medication and the directions for the medication administration. I have administered at least one dose of the above medication to my child without adverse side effects.

Name of Parent/Guardian: _____ Date: _____
(type or print)

Signature: _____ Relationship to Child: _____

Address: _____ Daytime phone: _____

For Staff to Complete:

Parent Authorization form and medication received by: _____
(Signature of Staff)

Medication started: _____ (date and time)

Medication ended: _____ (date and time)