

**PARENT/GUARDIAN AUTHORIZATION FOR THE ADMINISTRATION OF  
NON-PRESCRIPTION MEDICATION AS DESCRIBED BELOW**

Authorization is limited to the following topical medications:

- Non-prescription diaper changing ointments that are free of antibiotics, antifungal, or steroidal components
- Non-prescription medicated powders
- Non-prescription ointments
- Non-prescription insect repellents
- Non-prescription sunscreen protectants that are free of para-Aminobenzoic acid (PABA)

**Name of Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Medication:** \_\_\_\_\_

**Dose/Amount** \_\_\_\_\_ **4. Route/Area of application** \_\_\_\_\_

**Dose/Symptoms to give medication:** \_\_\_\_\_

---

Medication shall be administered from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

Reason for which medication is being administered: \_\_\_\_\_

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 will supply the child care facility with the non-prescription topical medication in the original container, labeled with my child's name, the name of the medication and the directions for the medication administration. I have previously administered at least one dose of the above medication to my child without adverse side effects.

Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Staff to Complete:

Authorization form and medication received by:

\_\_\_\_\_

(Signature of Staff)

Medication started: \_\_\_\_\_ (date and time)

Medication ended: \_\_\_\_\_ (date and time)