

**PARENT/GUARDIAN AUTHORIZATION FOR THE ADMINISTRATION OF  
NON-PRESCRIPTION TOPICAL MEDICATIONS BY DAY CARE PERSONNEL**

To day care nurse, director, or teacher:

I hereby request that the following non-prescription topical medication be administered to my child by a staff member of the day care facility. I understand that I must supply the child day care center or group day care home 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.

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) or its derivatives\*.

Name of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Medication: Name, method of administration, area of application:  
\_\_\_\_\_  
\_\_\_\_\_

Schedule of administration: \_\_\_\_\_

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

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

I have administered at least one dose of the above medication to my child without adverse side effects.

Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(print)

Signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**For Staff to Complete:**

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

Medication Started: \_\_\_\_\_ Medication Ended: \_\_\_\_\_  
(date and time) (date and time)

\*Permission not mandated by regulations, but required by this child care program.