

# Preschool 2019/2020

## Non-Prescription Topical Medication



I hereby request that the following non-prescription topical medications be administered to my child by a child care staff member of the **Earthplace Preschool Program**.

I understand that I must supply the child care program with the non-prescription topical medication in the original container labeled with the child's name, name of the medication, and the directions of the medication administration.

**This authorization is limited to the following topical medications:**

1. Diaper changing or other ointments free of antibiotic, antifungal or steroidal medications
2. Medicated powders
3. Teething, gum, or lip medications

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Medication (*brand name*): \_\_\_\_\_

Site of Administration (*exposed skin, diaper area, etc*): \_\_\_\_\_

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

Medication shall be administered from: \_\_\_\_\_ To: \_\_\_\_\_

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

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

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

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

**Staff to complete:**

Parent authorization form and medication received by (*signature of staff*): \_\_\_\_\_

Medication started (*date & time*): \_\_\_\_\_

Medication ended (*date & time*): \_\_\_\_\_

