

Parent/Guardian Authorization for the Administration of Non-Prescription Topical Medications including Bug Spray and Sunscreen by Child Care Personnel.

To Child Care Personnel:

I hereby request that the following non-prescription topical medications be administered to my child by a child care staff member of the \_\_\_\_\_.

(Name of child day care 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. Sunscreen 2. Bug Spray
---

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

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

Name of Medication: \_\_\_\_\_

Schedule of Administration: \_\_\_\_\_

Site of Administration: \_\_\_\_\_

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

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

Name of Medication: \_\_\_\_\_

Schedule of Administration: \_\_\_\_\_

Site of Administration: \_\_\_\_\_

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 and time)
Medication Ended: _____ (date and time)
Parent permission and medication administration record shall become part of the child's health record when the medication has ended.