Parent/Guardian Authorization for the Administration of Non-Prescription Topical Medications by Child Care Personnel

To Child Care Personnel:

I hereby request that the following non-prescription topical med child care staff member of the	•				
child care staff member of the (Name of child day care program	 n)				
I understand that I must supply the child care program with the original container labeled with the child's name, name of the medication administration.	non-prescription topical medication in the				
This authorization is limited to the following topical medication 1. Diaper changing or other ointments free of antibiotic, antifung 2. Medicated powders 3. Teething, gum, or lip medications					
Name of Child:Date	e of Birth:				
Address:					
Name of Medication:					
Schedule of Administration:					
Site of Administration:					
Reason medication is being administered:					
Medication shall be administered from: to:	: <u></u>				
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	o child:				
Address:Telephone:					
Staff to complete:					
Parent authorization form and medication received by:					
, ,	gnature of staff)				
Medication Started:					
Parent permission and medication administration record shall become part of th					

Medication Administration Record (MAR)

	' Name			Pres	Date of Birth/		
ledicatio	n Order						
Date	Time	Dosage Remarks	Was This Medication Self Administered?		Signature of Person Observing or Administering Medication		
				Yes	No		
				Yes	<u></u> No		
				Yes	<u></u> No		
				Yes	No_		
				Yes	No No		
				Yes	No_		
				Yes	No_		
				Yes	<u>No</u>		
				Yes	No No		
				Yes	No No		
				Yes	<u>No</u>		
				Yes	No No		
				Yes	No No		
				Yes	<u>No</u>		
				Yes	No_		
				Yes	No_		
				Yes	No No		
				Yes	No_		
				Yes	<u>No</u>		
				Yes	No No		
				Yes	No No		
				Yes	No No		
				Yes	<u>No</u>		
				Yes	No No		
	1			Yes	No No		
				Yes	No		
Medicatio	on authoriza	ation form mus	st be used as either a	two-sided docume	nt or attach	ed first and second pag	
Author	rization for	rm is complete	e	☐ Medication	is approp	riately labeled	
☐ Medica	ation is in o	original conta	iner	Date on lab	el is curre	nt	