



# NON-PRESCRIPTIONS

## PARENT/GUARDIAN AUTHORIZATION FOR THE ADMINISTRATION OF NON-PRESCRIPTION TOPICAL MEDICATIONS BY CHILDCARE PERSONNEL

To childcare nurse, director or teacher:

I hereby request that a staff member of the childcare facility administer the following non-prescription topical medication for my child. I understand that I must supply the childcare center with the non-prescription topical medication in the original container labeled with the child's name, the name of medication, and directions for the medication administration.

This authorization is limited to the following topical medications:

1. Non-prescriptions insect repellants.
2. Non-prescriptions sunscreen that is free of amino benzoic (PABA) or its derivatives.

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

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

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

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

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 \_\_\_\_\_

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

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

**FOR STAFF TO COMPLETE:**

Parent authorization form and medications received by \_\_\_\_\_