



**PARENT/GUARDIAN PERMISSION FOR THE ADMINISTRATION  
OF NON-PRESCRIPTION TOPICAL MEDICATION**  
(diaper cream, cream, powder, ointment, lotion, repellent or else)

To Child Care Personnel:

I hereby request permission for the below non-prescription topical to be administered to my child by a child care staff member of Barvinok 2 Children's Center.

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

This permission is limited to the following topical medications:

- Medications free of antibiotic antifungal or steroidal medications and medicated powders.

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Name of Product** (including the exact brand name or generic): \_\_\_\_\_

**Schedule of Administration** (How often?) (circle one)

When rash is observed / At every diaper change / Once a day at \_\_\_\_:\_\_\_\_ / Specify other

\_\_\_\_\_  
**Site of Administration** (Location of application) \_\_\_\_\_

**Reason medication is being administered:** To prevent rash or specify other \_\_\_\_\_

\_\_\_\_\_  
Medication shall be administered from (indicate date range) \_\_\_\_/\_\_\_\_/\_\_\_\_ 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 (in ink):**

Authorization form and non-topical 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.