



**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 medications be administered to my child by a child care staff member of Building Blocks Early Learning Center.

I understand that I must supply Building Blocks Early Learning Center 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: _____

Date of Birth: _____

Address: _____

Name of Medication: _____

Schedule of Administration: When rash is present Once a day Every diaper change
 30 Minutes prior to sun exposure

Site of Administration: _____

Reason medication is being administered: _____

Medication shall be administered from: _____ to: _____ **period should be for 1 year*

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.