

**PARENT/GUARDIAN AUTHORIZATION FOR THE ADMINISTRATION OF
NON-PRESCRIPTION TOPICAL MEDICATIONS**

This authorization is limited to the following topical medications:

Diaper changing or other ointments which must be free of antibiotics, anti fungal or steroidal medications

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 Nurturing Nest.

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.

I have administered at least one dose of the medication below to my child without adverse side effects.

Parent Name: _____ Date: _____
Signature: _____ Relationship to child: _____
Address: _____ Telephone: _____

Name of child: _____ Date of Birth: _____
Address: _____
Name of Medication: _____
Reason medication is being administered: _____
Site of Administration: _____
Medication shall be administered from: _____ to: _____
Schedule of Administration (Please Check): Diaper rash/redness Upon Parent Request

Administration to complete:

Parent authorization form and medication received by: _____
(signature)

Date: _____

Parent permission and medication administration record shall become part of the child's health record when the medication has ended.

Medication discarded if empty/sent home if expired and administration record placed in child's file

