

# tabernacle kids

## Medication Administration Permission Form for Over-The-Counter Topical Medications.

Parent/Guardian must authorize staff to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, powders, sunscreens, etc. Items must be in their original containers and clearly labeled with the child's name. Keep insect repellents in locked storage and all other items out of reach of children when not in use.

Child's Name: \_\_\_\_\_ Permission valid from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Permission is given to apply the following (name/type): \_\_\_\_\_

Amount \_\_\_\_\_ Expiration date, if applicable \_\_\_\_\_

### Where to apply the ointment, repellent, lotion, cream, powder, etc:

all exposed skin  diaper area  face only

### When to apply the ointment, repellent, lotion, cream, or powder, etc:

before going outside  
 after each diaper change  after a bowel movement  before tooth brushing  
 other (specify) \_\_\_\_\_  other/as needed for (specify) \_\_\_\_\_

### Describe how to apply the ointment, repellent, lotion, cream, or powder, etc:

Gloved Finger  
 Follow Manufacturer's Instructions  Other (please specify) \_\_\_\_\_

I give permission to my child care provider to apply the medication listed above as instructed:

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

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