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: ❑ pea-sized ❑ dime-sized ❑ quarter-sized ❑ other (please specify) _____
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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