

**Parent/Guardian Authorization for the Administration of
Non-Prescription Topical Ointments (Sunscreen) by Child Care Personnel**

To Child Care Personnel:

I hereby request that the following non-prescription topical ointment be administered to my child by a child care staff member of the Lollipop Tree Nursery School.

I understand that I must supply the child care program with the non-prescription topical ointment 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:

1. Sunscreens

Name of child: _____ Date of Birth: _____

Address: _____

Name of Sunscreen: _____

Schedule of administration: **prior to going outside**

Site of administration: _____

Reason of administration: _____

Medication shall be administered from: **school year term**

Name of Parent/Guardian: _____ Date: _____

I have administered at least one application of the above referenced ointment to my child without adverse side effects.

Signature: _____

Relationship to child: _____

Address: _____

Telephone: _____

Staff to complete:

Parent authorization form and medication received by: _____

Medication started & ended: **school year term**

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

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Non-Prescription Topical Ointments by Child Care Personnel**

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This authorization is limited to the following 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: **As needed during diaper changes**

Site of administration: _____

Reason of administration: _____

Medication shall be administered from: **school year term**

Name of Parent/Guardian: _____ Date: _____

I have administered at least one application of the above referenced ointment to my child without adverse side effects.

Signature: _____

Relationship to child: _____

Address: _____

Telephone: _____

Staff to complete:

Parent authorization form and medication received by: _____

Medication started & ended: **school year term**

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