Parent/Guardian Authorization for the Administration of Non-Prescription

Topical Medications by Child Care Personnel

NEW FAIRFIELD BRIGHT BEGINNINGS

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 New Fairfield Bright Beginnings.

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.

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:_____

Site of Administration:_____

Reason medication is being administered:_____

Medication shall be administered from: _____ to:_____(Topical Medications are administered for a year, unless the item expires before that year is over. Ex: 06/2021- 06/2022 If the item expires 4/2022 then the dates should be 06/2021-04/2022)

Medication EXPIRATION DATE:_____

Name of Parent/Guardian:_____Relationship to child:_____

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

Signature:_____ Date:_____

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.