

**Parent / Guardian Authorization for the
ADMINISTRATION OF NON-PRESCRIPTION TOPICAL
MEDICATIONS
By WHIZ KIDS Daycare Personnel**

I hereby request that the following non-prescription topical medication be administered to my child by a staff member of the daycare care facility with the non-prescription topical medication in the original container labeled with the child's name, the name of the medication, and the directions for the medication administration.

The authorization is limited to the following topical medications:

1. Non-prescription diaper changing ointments that are free of antibiotics, anti-fungal or steroidal components,
2. Non-prescription medicated powders
3. Non-prescription teething medications

Name of CHILD: _____ D.O.B. _____

Medications: Name, method of administration, area of application:

Schedule of administration: _____

Medication shall be administer from

_____ To _____
Date date

Reason for medication being administered: _____

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

please circle: yes no

SIGNATURE OF PARENT / GUARDIAN: _____ DATE _____

PRINTED NAME OF PARENT/GUARDIAN:

DATE: