



**Noroton Presbyterian
CHILD CARE**

AUTHORIZATION OF NON-PRESCRIPTION
TOPICAL MEDICATIONS BY CHILD CARE STAFF

I hereby request that the following non-prescription topical medication be administered to my child by a child care staff member at Noroton Presbyterian Child Care.

I understand that I must supply NPCC with the non-prescription topical medication in the original container labeled with the child's name, name of the medication, and the directions for medication administration.

This authorization is limited to the following topical medication (circle):

1. Diaper Changing Medications (free of antibiotic, antifungal or steroidal medications)
2. Sunscreen
3. Other

Name of Child: _____ Date of Birth: _____

Brand of the Medication (only one per form): _____

<u>Schedule of Administration(circle):</u> When Rash Appears Every Diaper Change During Outdoor Play, May-August Other: _____	<u>Site of Administration (circle):</u> Diaper Area Area Exposed to Light Lips Other: _____	<u>Reason for Administering (circle):</u> Diaper Rash Prevention Diaper Rash Sunburn Prevention Other: _____
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Medication shall be administered from ___/___/___ to ___/___/___ (maximum 12 months)

Name of Parent/Guardian: _____ Date: _____

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

Signature: _____

Address: _____ Telephone: _____

Parent authorization form and medication received by... Signature of Staff: _____
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