

**Parent/Guardian Authorization for the Administration of  
Non-Prescription Medication as Described Below**

This authorization is limited to the following topical medications:

1. Non-prescription diaper changing ointments that are free of antibiotics, antifungal or steroidal components.
2. Non-prescription medicated powders.
3. Non-prescription teething medications.
4. Non-prescription insect repellents
5. Non-prescription sunscreen protectants\* that are free of amino benzoic acid (PABA) \*

**1. Name of Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**2. Medication:** (name of sunscreen) \_\_\_\_\_

**3. Dose/Amount** apply evenly and liberally to cover exposed skin

**4. Route/area of application** *on exposed skin, do not apply directly to face*

**5. Time/Symptoms to give medication:** *apply in afternoon prior to outside play time*

Medication shall be administered from \_\_\_\_\_ to \_\_\_\_\_  
(today's date) (one year from today)

Reason for which medication is being administered: prevent sunburn

I hereby request that the above directions are followed in administering the non-prescription topical medication to my child, \_\_\_\_\_, by a staff member of the day care facility. I understand that I must supply the child 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. I have administered at least one dose of the above medication to my child without adverse side effects.

Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(type or print)

Signature: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

For Staff to Complete:

Parent Authorization form and medication received by: \_\_\_\_\_  
(Signature of Staff)

Medication started: \_\_\_\_\_ (date and time)

Medication ended: \_\_\_\_\_ (date and time)