



<b>20 Ivy Brook Road</b> <b>Shelton, Ct. 06484</b> <b>(203) 402-0334</b> <b>fax: (203) 924-2555</b>	<b>100 Mona Terrace</b> <b>Fairfield, Ct. 06824</b> <b>(203) 259-1327</b> <b>fax: (203) 259-7908</b> <a href="http://www.achildsgarden.net">www.achildsgarden.net</a>
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**PARENT/GUARDIAN (Physician signature not required)**  
**AUTHORIZATION FOR THE ADMINISTRATION OF NON-PRESCRIPTION TOPICAL**  
**MEDICATIONS BY CHILDCARE PERSONNEL**

**To Childcare Nurse, Director or Teacher:**

I hereby request that the following non-prescription topical medication be administered to my child by a staff member of the childcare facility. I understand that I must supply the childcare center or group home with the non-prescription topical medication in the original container labeled with my child's name, the name of the medication and the directions for the medication administration.

This authorization is limited to the following topical medications: **One form is required for each medication.**

- 1) Non-prescription diaper changing ointments that are free of antibiotic or steroidal components.
- 2) Non-prescription medication powders.
- 3) Non-prescription insect repellents.
- 4) Non-prescription teething medications.
- 5) Non-prescription sunscreen protectants that are free of amino benzoic acid (PABA) or its derivatives.

Name of Child \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Medication: Name, method of administrations, area of application \_\_\_\_\_

Schedule of administration \_\_\_\_\_

Medication shall be administered: From \_\_\_\_\_ To \_\_\_\_\_  
Date Date

Reason for which medication is being administered \_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

<b>FOR STAFF TO COMPLETE:</b>	
Parent authorization form and medications received by _____	<small>Signature of staff</small>
Medication started _____	<small>Date and Time</small>
Medication completed _____	<small>Date and Time</small>

2/28/2012 5:18 PM