

Parent/Guardian Authorization for the Administration of
Non-Prescription Topical Medications by Child Care Personnel

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 the Laura's Family Daycare.

(Name of child day care program)

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 steroid medications
2. Medicated powders
3. Teething, gum, or lip medications

Name of Child: _____ Date of Birth: _____

Address: _____

Name of Medication: _____

Schedule of Administration: PRN for outdoor play sun safety

Site of Administration: Whole body

Reason medication is being administered: Skin Safety in outdoor sun

Medication shall be administered from: ____/____/2025 to: ____/____/2025

Name of Parent/Guardian _____ Date: ____/____/2025

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

Signature: _____ Relationship to child: _____

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.

Medication Administration Record (MAR)

Name of Child _____ Date of Birth _____ / _____ / _____

Pharmacy Name Over the counter sunscreen **Prescription Number** N/A

Medication Order N/A

*Medication authorization form must be used as either a two-sided document or attached first and second page.

<input type="checkbox"/> Authorization form is complete	<input type="checkbox"/> Medication is appropriately labeled
<input type="checkbox"/> Medication is in original container	<input type="checkbox"/> Date on label is current

Person Accepting Medication (print name) _____ Date _____ / _____ / _____