LITTLE STEPS OF JOY ACADEMY

Medication Administration Permission for Over-the-Counter Topical Medications

Parent/guardian must authorize staff to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, powders. Sunscreen and baby lotion are examples. Only accept items in their original containers and clearly labeled with the child's name.

Child's Name _____

Permission is given to apply the following (name/type) _____

Permission may be given for up to 12 months. Permission valid from_____/____/_____to_____/____/____

Where to apply the ointment, repellent, lotion, cream, powder:

- ❑ all exposed skin
- ❑ diaper area
- ❑ other (specify) _____
- ❑ face only

When to apply the ointment, repellent, lotion, cream, or powder:

- ❑ before going outside
- ❑ after each diaper change
- ❑ other/as needed for (specify)_____
- ❑ after a bowel movement

Describe how to apply the ointment, repellent, lotion, cream, or powder. _____

_____

Permission is given to apply the following (name/type) _____

Permission may be given for up to 12 months. Permission valid from_____/____/_____to_____/____/____

Where to apply the ointment, repellent, lotion, cream, powder:

- ❑ all exposed skin
- ❑ diaper area
- ❑ other (specify) _____
- ❑ face only

When to apply the ointment, repellent, lotion, cream, or powder:

- ❑ before going outside
- ❑ after each diaper change
- ❑ other/as needed for (specify)_____
- ❑ after a bowel movement

Describe how to apply the ointment, repellent, lotion, cream, or powder. _____

_____

Permission is given to apply the following (name/type) _____

Permission may be given for up to 12 months. Permission valid from_____/____/_____to_____/____/____

Where to apply the ointment, repellent, lotion, cream, powder:

- ❑ all exposed skin
- ❑ diaper area
- ❑ other (specify) _____
- ❑ face only

When to apply the ointment, repellent, lotion, cream, or powder:

- ❑ before going outside
- ❑ after each diaper change
- ❑ other/as needed for (specify)_____
- ❑ after a bowel movement

Describe how to apply the ointment, repellent, lotion, cream, or powder. _____

I give permission to my child care provider to apply the medication listed above as instructed:

_____ _____

Parent/guardian name | Parent/guardian signature | Date

Medication Administration Permission for Prescribed Medications

I hereby request an employee to administer the medication(s) named below to my child. I understand that all medications must be in the original container, labeled with the child's name and with directions to administer the medication. Prescribed medication must also include the date and name of physician. By signing below I release the child-care center and its employees from all liability for reactions which my child may suffer from this medication.

Child's Name: _____ Date of Birth: _____

Dosage must match label dosage.

Medications: _____ Dosage/Application Instructions: _____

Medications: _____ Dosage/Application Instructions: _____

Medications: _____ Dosage/Application Instructions: _____

❑ **I give permission to my child care provider to provide the medication listed above as instructed:**

_____ _____

Parent/guardian name Parent/guardian signature Date