Non- Prescription Topical Medication/ Sunscreen Authorization Form

Child's Name: _____

I authorize the staff at P. Raising Kids Childcare Center to administer the following prescription topical medication to my child. I understand that this permission form must be updated prior to any new topical non- prescription medications or Sunscreen being applied by PRKCCC staff members.

_____ _____

Parents Signature Date

Sunscreen

We ask that parents please provide sunscreen for their child.

For children under 6 months old, the signature of the child's health care provider is also required.

_____ _____

Physician's Signature Date

Diaper Ointment

Please Apply:

Name of Diaper ointment: _____

Instruction on how to use: _____

_____ Apply to diapered area to control diaper rash. No known side effects.

_____ Other, please specify (i.e., when to apply, where to apply, for what purpose and possible side effects to apply:

_____

_____

Neosporin: If my child were to get a minor cut or scrape I give permission to apply Neosporin or a generic brand of antibacterial topical medication.

___: Apple to affected area if child gets minor scrapes or cuts. No Known side effects.

___: Other, please specify: _____