Medication Administration Permission for Over-the-Counter Topical Medications and Fluoridated Toothpaste

Parent/guardian must authorize staff to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, powders and fluoridated toothpaste. Sunscreen and baby lotion are examples. Only accept items in their original containers and clearly labeled with the child's name. Keep insect repellents in locked storage and all other items out of reach of children when not in use.

Child's Name			
Permission is given to apply the fol	lowing (name/type)		
Amount Expiration date, if applicable Fluoridated toothpaste should be a rice sized smear for children under 3 and pea sized for children 3 and over.			
Permission may be given for up to	12 months. Permission valid from	/ to/	/
Where to apply the ointment, reperturbed all exposed skin face only	ellent, lotion, cream, powder or flu diaper area toothbrush	uoridated toothpaste: □ other (specify)	
When to apply the ointment, repelled before going outside after a bowel movement	after each diaper change	☐ other/as needed for (specify	/)
Describe how to apply the ointmen	nt, repellent, lotion, cream, or pov	vder	
I give permission to r	my child care provider to ap	ply the medication listed ab	ove as instructed:
Parent/guardian name	Parent/guardia	n signature	Date
Medication Administration Perent/guardian must authorize staff to creams, powders and fluoridated toots labeled with the child's name. Keep installed the child's Name.	o apply over-the-counter, topical oint npaste. Sunscreen and baby lotion are sect repellents in locked storage and a	ments, topical teething ointment or g e examples. Only accept items in their all other items out of reach of children	el, insect repellents, lotions, original containers and clearly
Permission is given to apply the fol	lowing (name/type)		
Amount Fluoridated toothpaste should be a ric Permission may be given for up to		d pea sized for children 3 and over.	
Where to apply the ointment, reperturbed all exposed skin face only	ellent, lotion, cream, powder or flu diaper area toothbrush	uoridated toothpaste: □ other (specify)	
When to apply the ointment, repelled before going outside after a bowel movement	after each diaper change	☐ other/as needed for (specify	/)
Describe how to apply the ointment, repellent, lotion, cream, or powder			
I give permission to r		ply the medication listed ab	-
raiciil/guaiulali llallle	Parent/guardia	ii sigiidlule	Date

