

**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 SONCCA 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.

Name of Child: _____ Date of Birth: _____

Address: _____

Name of Medication: _____

Schedule of Administration: _____

Site of Administration: _____

Reason medication is being administered: _____

Medication shall be administered from: _____ to: _____

Name of Parent/Guardian _____ Date: _____

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.