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 topic child care staff member of the	•	
child care staff member of the(Name of child day care	program)	
I understand that I must supply the child care program wi original container labeled with the child's name, name of medication administration.	ith the non-prescription topical medication in the	
This authorization is limited to the following topical med		
 Diaper changing or other ointments free of antibiotic, a Medicated powders 	antifungal or steroidal medications	
3 Teething gum or lin medications		
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 med	ent/Guardian Date: nistered at least one dose of the above medication to my child without adverse side effects.	
Signature: Relation	nship to child:	
Address:Teleph	none:	
Staff to complete:		
Parent authorization form and medication received by:		
	(Signature of staff)	
Medication Started:		
Parent permission and medication administration record shall become	part of the child's health record when the medication has ended.	

Medication Administration Record (MAR)

harmacy	Name			Pres	Prescription Number		
ledicatio	n Order						
Date	Time Dosage		Remarks	Was This Medication Self Administered?		Signature of Person Observing or Administering Medication	
				Yes	No		
				Yes	No_		
				Yes	No No		
				Yes	<u></u> No		
				Yes	No No		
				Yes	No No		
				Yes	<u></u> No		
				Yes	No No		
				Yes	No No		
				Yes	No No		
				Yes	No No		
				Yes	<u></u> No		
				Yes	<u></u> No		
				Yes Yes	□ No		
				Yes	No No		
				Yes	No		
				Yes	No		
				Yes	No		
				Yes	No		
				Yes	No		
				Yes	No		
				Yes	No		
				Yes	No		
				Yes	No		
				Yes	No		
Medicatio	n authoriz	ation form mus	st be used as either a			ed first and second pag	
_		rm is complete		_		riately labeled	
Medica	tion is in (original conta	iner	Date on lab	oel is curre	nt	