

**Parent/Guardian Permission for the Administration of
Non-Prescription Diaper Cream, Powder or Ointment by Child Care Personnel**

To Child Care Personnel:

I hereby request permission for the below non-prescription topical diaper cream, medicated powder or ointment to be administered to my child by a child care staff member of the The ECLC.
(Name of child day care program)

I understand that I must supply the child care program with the topical diaper cream, medicated powder or ointment in the original container labeled with the child's name, name of product, and the directions for administration.

This permission is limited to the following topical medications: Diaper changing or other ointments free of antibiotic, antifungal or steroidal medications and medicated powders.

All lines must be completed.

Name of Child: _____ Date of Birth: _____
Address: _____

Name of Product (including the exact brand name or generic) _____

Schedule of Administration (How often?) (**circle one**) When rash is observed / At every diaper change /
Once a day at ____: ____ / Specify other _____

Site of Administration (Location of application) _____

Reason medication is being administered: To prevent rash or specify other _____

Medication shall be administered from (**indicate date range**) ____/____/____ 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 (in ink):

Authorization form and diaper cream, ointment or powder 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.