

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

To Child Care Personnel:

I hereby request permission for the below non-prescription topical **diaper cream or ointment** to be administered to my child by a child care staff member of **Children's Day School, Inc.**

I understand that I must supply the child care program with the topical **diaper cream 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 medication: Diaper changing or other ointment free of antibiotic, antifungal or steroidal medications.

All lines must be completed.

Name of Child: _____ Date of Birth: _____

Address: _____

1 medication per form

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 ____ o'clock / Specify other _____

Site of Administration (Area of the body for 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 or ointment 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.