

**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 _____.
(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.