Parent/Guardian Authorization for the Administration of

Non-Prescription Topical Medications

I give West Shore Lutheran School permission to administer the following non-prescription topical medications as the need arises throughout the child’s day at West Shore Lutheran School.

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.

Please circle approved items:

Diaper rash ointments Baby powder Sunscreen Bug Spray Lotion

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special instructions for any of the above circled topical medications:

I have administered at least one dose of the above medication to my child without adverse side effects.

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Parent Signature Date

School use only:

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| Type of topical medication brought in by parent:  (include brand name) | Date of first use: | Date to stop medication: |
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