



The Burlington Academy of Learning

Where Children and Families Are Celebrated!

Parent/Guardian Authorization for the Administration of Non-Prescription Topical Medications

To School Administrator:

I hereby request that the following non-prescription topical medication be administered to my child by a staff member of the school. I understand that I must supply the school with the non-prescription topical medication in the original container labeled with the child's name, the name of the medication, and the directions for the medication administration.

This authorization is limited to the following non-prescription medications:

1. Non-prescription diaper changing ointments that are free of antibiotics/antifungal or steroidal components.
2. Non-prescription medicated powders.
3. Non-prescription insect repellent.
4. Non-prescription teething medications.
5. Non-prescription sunscreen protectants that are free of amino benzoic acid (PABA) or its derivatives.

Child's Name: _____ DOB: ____/____/____

Address: _____
Street Address City State

Medications: Name, method of administration, area of application _____

Schedule of administration _____

Medications shall be administered from: (date) ____/____/____ to: (date) ____/____/____

Reason for which medication is being administered: _____

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

Parent/Guardian Name: _____ Date: ____/____/____

Signature: _____ Phone Number: (____) _____

Address: _____

For Staff to Complete:

Parent/Guardian Authorization form and medication received by: (signature of staff) _____

Medication started: (date) ____/____/____ Medication ended: (date) ____/____/____

Administered by: (signature of staff) _____

Medication Administration Errors: _____

