



THE BURLINGTON ACADEMY OF LEARNING

Where children and families are celebrated!

Celebrating 30 Years!

Parent/Guardian Authorization for the Administration of Non-Prescription Topical Medications by Child Care Personnel

To School Personnel:

I hereby request that the following non-prescription topical medications be administered to my child by a child care staff member of **The Burlington Academy of Learning**.

I understand that I must supply the school program with the non-prescription topical medication in the original container labeled with the child's name, name of the medication, and the directions of the medication administration.

This authorization is limited to the following topical medications:

1. Non-prescription diaper changing or other ointments free of antibiotic, antifungal or steroidal medications.
2. Non-prescription medicated powder.
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.
6. Non-prescription lotion, lip balm and/or toothpaste.

***Children may not bring in sunscreen sprays for use.**

Name of Child: _____ Date of Birth: _____

Address: _____

Name of Medication: _____

Schedule of Administration: _____

Site of Administration: _____

Reason medication is being administered: _____

Medication shall be administered from: _____ 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:

Parent authorization form and medication 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.

