



**PARENT/GUARDIAN AUTHORIZATION FOR THE
ADMINISTRATION OF NON-PRESCRIPTION TOPICAL
MEDICATIONS BY DAY CARE PERSONNEL**

To Windsor Discovery Center/Windsor Montessori School teacher:

I hereby request that the following non-prescription topical medication be administered to my child by a staff member of Windsor Discovery Center & Windsor Montessori School. I understand that I must supply you 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.

The authorization is limited to the following topical medications:

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

Name of Child: _____	Date of Birth: _____
Address: _____	
Medication: Name, method of administration, area of application: _____ _____	
Schedule of administration: _____	
Medication shall be administered from _____ to _____ (date) (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.

Name of Parent/Guardian: _____ Date: _____

Signature: _____ Relationship to child: _____

Address: _____ Telephone: _____

For Staff to Complete:	
Parent Authorization form and medication received by: _____	Signature of Staff
Medication started: _____	(date and time)
Medication ended: _____	(date and time)