Medication Administration Permission for Over-the-Counter Topical Medications and Fluoridated Toothpaste

Parent/guardian must authorize staff to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, powders and fluoridated toothpaste. Sunscreen and baby lotion are examples. Only accept items in their original containers and clearly labeled with the child’s name. Keep insect repellents in locked storage and all other items out of reach of children when not in use.

Child’s Name _________________________________________________________________________________________________

Permission is given to apply the following (name/type) _______________________________________________________________

Amount _________________________________________________ Expiration date, if applicable ____________________________

Fluoridated toothpaste should be a rice sized smear for children under 3 and pea sized for children 3 and over.

Permission may be given for up to 12 months. Permission valid from ____ /____ / ____ to ____ /____ /____

Where to apply the ointment, repellent, lotion, cream, powder or fluoridated toothpaste:

- all exposed skin
- diaper area
- face only
- toothbrush
- other (specify) ________________________________________

When to apply the ointment, repellent, lotion, cream, or powder:

- before going outside
- after each diaper change
- after a bowel movement
- before tooth brushing
- other/as needed for (specify)___________________________

Describe how to apply the ointment, repellent, lotion, cream, or powder. ________________________________________________

_____________________________________________________________________________

I give permission to my child care provider to apply the medication listed above as instructed:

_______________________________________ _______________________________________ _____________________
Parent/guardian name     Parent/guardian signature     Date