

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 other (specify) _____
- face only toothbrush

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

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

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

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