

# Peace Early Learning Center

## Use of Non-Prescription Topical Medications

Child's Name:	
Date of Birth:	
Parent / Guardian Name:	

This authorization is limited to the following topical medications:

1. Soaps
2. Diaper Changing or other ointments (lotion) FREE of antibiotic, anti-fungal or steroidal medications.
3. Teething, Gum or Lip Medications
4. Sunscreens

By signing below, you are acknowledging that:

- I have checked ingredient labels and I know this product is safe for my child and my child has no known allergies to this product.
- I have administered at least one dose of this medication to my child without adverse side effects.
- I am aware that these products cannot be applied to an open wound without a doctor's permission.
- I acknowledge that the uses of topical medications are to PREVENTATIVE use only. If my child has eczema or any other skin condition requiring medicated lotions, such as cortisone cream, a doctor must fill out the Medication Agreement Form.
- I give permission for the staff to assist my child in using the topical medication when possible to do so.
- Topical medications will be marked with a permanent ink with the child's name on the original container and must always be in the teacher's possession.
- I understand that my child may not share these items while at school. If they do so, they may no longer be able to use them.

Name of Topical Medication: _____
Site of Administration: _____
When to Administer: _____

This agreement is valid August 1, 2018 through August 1, 2019.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

RN Signature: \_\_\_\_\_

Date: \_\_\_\_\_