## 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 fo	llowing (name/type)			
AmountFluoridated toothpaste should be a rice	e sized smear for children under 3 and	Expiration date, if ap	oplicable 3 and over.	
Permission may be given for up to	12 months. Permission valid from	/to	//	
Where to apply the ointment, reperation all exposed skin face only	ellent, lotion, cream, powder or flu diaper area toothbrush	oridated toothpaste:  other (specify)		
When to apply the ointment, repe <ul><li>before going outside</li><li>after a bowel movement</li></ul>		☐ other/as neede	d for (specify)	
Describe how to apply the ointmen	nt, repellent, lotion, cream, or pow	vder		
I give permission to I	my child care provider to ap	ply the medicatio	n listed above a	as instructed:
Parent/guardian name	Parent/guardia	n signature		ate
Medication Administration Por Parent/guardian must authorize staff of creams, powders and fluoridated toot labeled with the child's name. Keep in Child's Name	to apply over-the-counter, topical oint hpaste. Sunscreen and baby lotion are sect repellents in locked storage and a	ments, topical teething examples. Only accept Ill other items out of rea	ointment or gel, inse titems in their origina ach of children when	ect repellents, lotions, al containers and clearly not in use.
Permission is given to apply the fo	llowing (name/type)			
Amount Fluoridated toothpaste should be a ric Permission may be given for up to	e sized smear for children under 3 and	d pea sized for children	3 and over.	
Where to apply the ointment, report all exposed skin face only	ellent, lotion, cream, powder or flu diaper area toothbrush	•		
When to apply the ointment, repe <ul><li>before going outside</li><li>after a bowel movement</li></ul>	after each diaper change	☐ other/as neede	d for (specify)	
Describe how to apply the ointment, repellent, lotion, cream, or powder.				
	my child care provider to ap			
Parent/guardian name	Parent/guardia	n signature	Da	ate

