

# St. Michael's ECC Non-Prescription Topical Medication Form



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Written parent permission is required, each year, by Michigan State Child Care Licensing in order for St. Michael's ECC staff to apply any topical medication or product to your child. Please complete the information on this form to state if you would like to have our staff apply any of the below listed topical products on your child, or not. If you are providing a product for your child it must be in the original container, labeled with your child's first and last name, and it must be unexpired. Please be sure to give the first application of any of these products at home in order to evaluate your child for any adverse reactions. For any Prescription Topical solutions, please complete and sign a separate Prescription Medication Form to give our staff permission to apply said medication. If you do not provide non-prescription topical medications for your child and a need for said medication arises, you will be contacted and asked to ensure your child is receiving proper care within our center.

Child's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

## **Sunscreen**

I give permission for St. Michael's ECC staff to apply the Sunscreen I provide on my child.

I will be providing the following listed brand of Sunscreen \_\_\_\_\_

I DO NOT give permission for St. Michael's ECC staff to apply Sunscreen on my child.

## **Diaper Cream**

I give permission for St. Michael's ECC staff to apply the Diaper Cream I provide on my child.

I will be providing the following listed brand of Diaper Cream \_\_\_\_\_

I DO NOT give permission for St. Michael's ECC staff to apply Diaper Cream on my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*If you choose to not provide needed non-prescription topical medication or consent to administer center \*\*  
supplied non-prescription medication, after our third request, CPS will be consulted.**

**FOR OFFICE USE ONLY**

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**Sunscreen**

1st Attempt to Contact Family Due to Sun Burn Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

2nd Attempt to Contact Family Due to Sun Burn Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

3rd Attempt to Contact Family Due to Sun Burn Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I give permission for St. Michael's ECC staff to apply the Sunscreen provided by St. Michael's ECC on my child.

St. Michael's ECC will be providing the following listed brand of Sunscreen: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

St. Michael's ECC Director/Assistant Director Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Diaper Cream**

1st Attempt to Contact Family Due to Diaper Rash Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

2nd Attempt to Contact Family Due to Diaper Rash Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

3rd Attempt to Contact Family Due to Diaper Rash Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I give permission for St. Michael's ECC staff to apply the Diaper Cream provided by St. Michael's ECC on my child.

St. Michael's ECC will be providing the following listed brand of Diaper Cream: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

St. Michael's ECC Director/Assistant Director Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_