

The Lil' School at St. Bernard's
 NYS OCFS License # 740283
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 PO Box 930, Saranac Lake NY 12983
 63 River Street, Saranac Lake NY 12983



The Lil' School on Ampersand
 NYS OCFS License # 815492
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 PO Box 930, Saranac Lake NY 12983
 261 Ampersand Ave, Saranac Lake NY 12983

“Over- the- Counter” Topical Ointment Permission Form

Purpose: This form is to be completed and signed by a parent/guardian for the approval and administration of “Over-the- Counter” topical ointments. Topical ointments are defined as ointments, creams, lotions or sprays (such as sunscreen, insect repellent, diaper ointment, etc.)

Note: Physician Prescription RX topical ointments must be approved by the Center’s Director and requires the completion of a Written Medication Consent and Individual Health Care Plan form.

Introduction/Our Policy: As a licensed childcare center, The Lil’ School is authorized to administer topical ointments. An overview of our policy for non-prescription topical ointment medications is outlined below:

- Parents are to provide the topical ointment (other than Bacitracin/Triple Antibiotic which is on premise)
- Topical ointment must be in original packaging.
- The topical ointment must meet packaging instructions for age appropriateness and use.
- The topical ointment must be pre-tested at home to minimize potential for adverse reactions.
- All topical ointments must be conspicuously labeled with the child’s full name.

If a change in Type, Brand or Instructions occur: a new permission form will need to be submitted by the parent/guardian.

Check Type requested:	Note Brand/Generic Name: <i>(& strength %, if applicable)</i>	Additional Instruction: <i>(if any)</i>
<input checked="" type="checkbox"/> Cut/Wound Ointment	Bacitracin/Triple Antibiotic Ointment	(stocked on premise by program)
<input type="checkbox"/> Insect Repellant*	_____	_____
<input type="checkbox"/> Sunscreen*	_____	_____
<input type="checkbox"/> Diaper Cream	_____	_____
<input type="checkbox"/> Other	_____	_____

**Note: We request that parents pre-apply these ointments before children come to our Center if applicable. Depending on the length of a child’s day and activities planned, we will re-apply as necessary.*

Parent Permission Statement: *(Please print)*

I, _____, give permission to my child care provider(s) to apply “Over-the-Counter” topical ointments to my child _____, as specified above. I understand and agree to The Lil’ School’s policies and procedures.

It is the responsibility of the parent/guardian to ensure this information remains update and to submit changes to the program in writing as needed.

Parent’s Signature: _____ **Date:** _____