

Ellington Montessori School

Authorization for the Administration of Non-Prescription Topical Medications

To Ellington Montessori School:

I hereby request that a staff member of Ellington Montessori School administer the following non-prescription topical medications to my child.

I understand that I must supply the childcare program with the non-prescription topical medication in the original container labeled with the child's name, name of the medication, and the directions of the medication administration.

This authorization is limited to the following topical medications:

1. Diaper changing or other ointments free of antibiotic, antifungal or steroidal medications
2. Medicated powders
3. Teething, gum, or lip medications

Name of Child: _____ Date of Birth: _____

Address: _____

Name of Medication: _____

Schedule of Administration: _____

Site of Administration: _____

Reason medication is being administered: _____

Medication shall be administered from: _____ to: _____

I have administered at least one dose of the above medication to my child without adverse side effects.

Name of Parent/Guardian: _____

Signature: _____ Date: _____

Address: _____ Telephone: _____