Authorization to Dispense External Preparations

_____ Baby Powder Other

Parent/Guardian Signature

(Please specify)

medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give _______, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

_______ Baby Wipes
_______ Band-aids
______ Neosporin or similar ointment
______ Bactine or similar first aid spray
______ Sunscreen
______ Insect Repellent
______ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

Date

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription