Medication Administration Permission for Over-the-Counter Topical Medications

Parent/Guardian Name



Parent/guardian must authorize staff to apply over-the-counter topical ointments, insect repellents, lotions, and creams. Sunscreen and lotion are examples. Sterling Montessori can only accept items in their original containers and clearly labeled with your child's name. **We cannot accept aerosol containers, including aerosol sunscreen or bug repellent**. We must keep all insect repellents in locked storage and all other items out of reach of students when not in use.

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Child's Name:		
Permission is given to apply the following (name/type):		
Amount:	Expiration date, if applicab	ole:
Where to apply the ointment, repellent, lotion or cre	eam:	
all exposed skin face only other (s	pecify):	
When to apply the ointment, repellent, lotion or cre	am:	
before going outside other/as needed for (spe	ecify):	
I give permission to my child care provider to apply the medication listed above as instructed.		
Parent/Guardian Name	Parent/Guardian Signature	Date
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before going outside other/as needed for (specify):		
I give permission to my child care provider to a	nnly the medication listed above	as instructed

Parent/Guardian Signature

Date