

KIDDIE KONNECTION/K2 RECREATION PROGRAM PARENT/GUARDIAN AUTHORIZATION FOR THE ADMINISTRATION OF NON-PRESCRIPTION TOPICAL MEDICATIONS BY CHILD CARE STAFF

I hereby request that the following non-prescription medication be administered to my child by a staff member of Kiddie Konnection/K2 Recreation Program. I understand that I must supply the program with the medications in the original labeled container with directions for medication administration and child's name on medication.

This authorization is limited to the following non-prescription medications:

1. Non-prescription diaper changing ointments that are free of antibiotics, antifungal or steroid components.
2. Non-prescription medicated powders.
3. Non-prescription topical teething medications.
4. Non-prescription insect repellents.
5. Non-prescription sunscreen products.
6. Lip gloss for preventative care (not to be used if child has mouth sores).
7. Non-prescription skin lotions for preventative care. (Lotions cannot be used for rashes or on skin lesions without physician authorization form).
8. Normal saline nose drops.

ALL OTHER MEDICATIONS REQUIRED MEDICAL AUTHORIZATION.

Name of child: _____ Date of Birth: _____

Address: _____

MEDICATION:

Name, method of administration, area of application, schedule and reason for application:

Medication authorization from _____ to _____

(One year duration allowed)

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

PRINT Name of Parent/Guardian: _____ Date: _____

SIGNATURE: _____ Relationship to child: _____

Address: _____

Telephone Number: _____

STAFF TO COMPLETE:

Parent Authorization form and medication received by: _____

Date Medication Began: _____ **Date Medication Ended:** _____