

**ADMINISTRATION OF NON-PRESCRIPTION TOPICAL MEDICATION
PARENTAL WRITTEN CONSENT FORM**
(Must be recorded in ink as per the State of Connecticut)

As per state regulation non-prescription topical medications shall include:

Diaper changing ointments (free of antibiotic, antifungal, or steroid components), powders, teething remedies.

Child's Full Name: _____ Date of Birth: _____

Parents Names: _____

Full Address: _____

Home Phone #: _____

Check name of non-prescription topical medication to be administered:

- Ocean Drops Vaseline Lip Balm Sunscreen (SPF 15 or higher) DEET Insect Repellent Lotion
 Diaper Cream -Specific Brand (A new form must be completed if the brand is changed) _____

List schedule of administration (i.e. "as needed" or be specific, DEET insect repellent may only be applied once per day):

List Site of Administration (i.e. gums, buttocks, nasal passage):

Date administration starts: _____ Date administration ends: _____

Medication error (if applicable): _____ Administered by: _____

I give my permission for Town & Country Early Learning Centers staff members to administer the above non-prescription topical medication to my child. My child has had this non-prescription topical medication administered previously without adverse effect.

Parent's Signature

Date

Staff Signature

Staff Name (Print)

Date