



Permission for Over-the-Counter Topical Medications Administration

Parent/guardian must authorize staff to apply over-the-counter topical ointments, including sunscreen, diaper cream, topical teething ointment, insect repellent, lotion, cream, powder, etc. Items must be in the original container and labeled clearly with child name.

Child's Name _____

Name of topical over-the-counter ointment, repellent, lotion, cream, or powder _____

Expiration date, if applicable _____ Permission may be granted for up to 12 months. Permission from ___/___/___ to ___/___/___

Where to apply the ointment, repellent, lotion, cream, or powder:

- all exposed skin
- face only
- diaper area
- other (specify) _____

When/time to apply the ointment, repellent, lotion, cream, or powder:

- before going outside
- after a bowel movement
- after each diaper change
- other/as needed for (specify) _____

Describe how to apply: _____

Any known adverse reactions: _____

I give permission for Guidepost Montessori staff to apply the medication listed above as instructed.

Parent/Guardian Signature _____ Date _____



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