

Topical Medication Form

NOTE: Medication must be in the original container with the child's name clearly written on it!

Name of Child: _____ Age: _____ Classroom: _____

I give permission for my child's day care provider to apply or help my child apply:

- Sunscreen
- Moisturizer/Lip Balm
- Over the counter Diaper Cream
- Other _____

Type of medication(s) provided: _____

Possible adverse reactions: _____

Special Instructions: _____

Beginning Date: _____ End Date: _____ Expiration _____

Signature of Parent/Guardian: _____ Date: _____

Authorized Center Signature: _____ Date: _____

****I understand that my child's teacher will promptly inform me of any skin reaction or any other reactions to these products.**

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