

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

As per state regulation nonprescription 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 #: _____

Circle / List Specific Name of Nonprescription Topical Medication to be Administered:

A&D	Balmex	Desitin	Ocean Drops	DiaperGuard	DEET Insect Repellent
Vaseline	Sunscreen SPF 15 or higher	Lip Balm	Lotion	Johnson's Diaper Rash Ointment	

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 SmartEarly Learning Centers staff members to administer the above nonprescription topical medication to my child. My child has had this nonprescription topical medication administered previously without adverse effect.

Parent's Signature

Staff Member Receiving Information

Date

Date