

**Medication Administration Permission for Over-the-Counter Topical Medications and Fluoridated Toothpaste**

Parent/guardian must authorize staff to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, powders and fluoridated toothpaste. Sunscreen and baby lotion are examples. Only accept items in their original containers and clearly labeled with the child’s name. Keep insect repellents in locked storage and all other items out of reach of children when not in use.

Child’s Name \_\_\_\_\_

Permission is given to apply the following (name/type) \_\_\_\_\_

Amount \_\_\_\_\_ Expiration date, if applicable \_\_\_\_\_

Fluoridated toothpaste should be a rice sized smear for children under 3 and pea sized for children 3 and over.

Permission may be given for up to 12 months. Permission valid from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

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

- all exposed skin       diaper area       other (specify) \_\_\_\_\_
- face only       toothbrush

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

- before going outside       after each diaper change       other/as needed for (specify) \_\_\_\_\_
- after a bowel movement       before tooth brushing

Describe how to apply the ointment, repellent, lotion, cream, or powder. \_\_\_\_\_

**I give permission to my child care provider to apply the medication listed above as instructed:**

\_\_\_\_\_  
Parent/guardian name

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

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