



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

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

- Diaper changing or other ointments free of antibiotic, antifungal, or steroid components
- Medicated powders
- Teething, gum or lip medications

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

Parents Names: _____

Full Address: _____

Home Phone #: _____

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

Diaper Cream _____ Diaper Ointment _____

Nasal Drops _____ Lip Balm _____

Lotion _____ Vaseline _____

FOR ABOVE ITEMS, WRITE SPECIFIC BRAND AND TYPE AS PER STATE REGULATION

DEET Insect Repellent Sunscreen (must be SPF 15 or higher)

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 Bright & Early Children's 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

Director

Date

Date