

Topical Medication (non-prescription)

I authorize Teachable moments Childhood Program staff to administer the following to my child

Child's name: _____

Diaper Rash or rash prevention:

1. _____

2. _____

Sunscreen:

1. _____

2. _____

First aid cream for cuts, splinters, scrapes:

1. _____

2. _____

Other ointments and creams:

1. _____

2. _____

Signature: _____ Date: _____

Parents must provide all topical medication. Please label each medication and place them in a plastic bag marked with the child's name. (Please check expiration dates)

