

Bright Star Academy

Topical Over-the-Counter Ointment

Parental Authorization

Child's Name _____

I, _____ (guardian) give permission to
_____ (authorized child care staff) to
administer the following medication. I do understand that I need
to provide the medications in their original container.

Sunscreen _____

Instructions: _____

Diaper Cream _____

Instructions: _____

Other (specify) _____

Instructions _____

Signature _____

Date _____