Parent Permission for the Administration of Non-Prescription Diaper Cream, Powder or Ointment by Child Care Personnel at Boulder Waldorf Kindergarten

To Boulder Waldorf Kindergarten Personnel:

I hereby grant permission for the below non-prescription topical diaper cream, medicated powder or ointment to be administered to my child by a childcare staff member of the Boulder Waldorf Kindergarten.

I understand that I must supply the childcare program with the topical diaper cream, medicated powder or ointment in the original container labeled with my child's name, name of the product, and the directions for administration.

I understand that this product can only be applied to skin without active rash or wounds or outbreaks. It can be applied for preventative reasons and not curative.

This permission is limited to the following topical medications: Diaper changing or other ointments free of antibiotic, antifungal or steroidal medications and medicated powders.

Name of Child: _____ Date of Birth: _____

Address: _____

Name of Product (including the exact brand name or generic): _____

Schedule of Administration (How often?) - Circle one:

At every diaper change / Once a day at _____ : ___ / Specify other _____

Site of Administration (Location of application): _____

Medication shall be administered from (indicate date range) _____ to _____

Name of Parent/Guardian: _____ Date _____

I have administered at least one dose of the above medication to my child without adverse side effects.

Signature: _____ Relationship to child: _____

Address: _____ Phone Number: _____

Staff to complete:

Permission Form Received by (staff member): _____

Date Form Received: _____

Medication Received by (staff member): _____

Date Medication Received: _____

Medication Started (date and time): _____

Medication Ended (date and time): _____