

**Belltown Discovery Center**  
**(860) 267-0303**

**PARENT/GUARDIAN AUTHORIZATION FOR THE ADMINISTRATION OF  
NON-PRESCRIPTION TOPICAL MEDICATIONS**

To Belltown Discovery Center Staff: **(Sunblock)**

I hereby request that a qualified staff member administer the following non-prescription topical medication to my child. I understand that I must supply the Center with the non-prescription topical medication in the original container labeled with the child's name, the name of the medication, and the directions for the medication administration. This authorization is limited to:

1. Non-prescription diaper changing ointments that are free of antibiotic, antifungal, or steroid components.
2. Non-prescription medicated powders.
3. Non-prescription medicated hand lotions
4. Non-prescription insect repellents free of Deet.
5. Non-prescription teething medications.
6. Non-prescription sunscreens Protastants that are free of amino benzoic acid (PABA) or its derivatives.

(Please note: all areas must be completed)

Name of Child \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medication name \_\_\_\_\_

Method of Administration: **Topical**

Area of Application: **Exposed skin**

Times of Administration: **Before going outside**

Medication shall be administered from \_\_\_\_\_ (Date) \_\_\_\_\_ (Date)

Reason for which medication is being administered: **Not to sunburn**

Does this child have a food or drug allergy? If yes, list \_\_\_\_\_

I have administered at least one dose of the above medication with out adverse side effects.

Name of Parent \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

**FOR STAFF TO COMPLETE:**

Parent Authorization form and medication received by \_\_\_\_\_

Medication started \_\_\_\_\_ Medication ended \_\_\_\_\_  
(date and time) (date and time)