**Permission to Administer Over the Counter Topical Medication**

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Center/Classroom \_\_\_\_\_\_\_\_\_\_\_\_\_ Medication Expiration Date\_\_\_\_\_\_\_\_\_

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for the classroom

(Parent/Guardian’s Name)

to administer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as needed for symptoms of

(Medication Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, following package directions. As the parent/

guardian, I will supply the classroom with medication, and I understand that it must be new and in its original container for use by child mentioned above. I also understand that I may cancel this permission at any time.

This permission is good for a year from the date of parent signature.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Manager Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Note: Original copy is to remain in classroom with medication and a copy will be placed in the MAT Binder.