

Cornerstone Children's Center

AUTHORIZATION TO DISPENSE EXTERNAL PREPARATIONS

Child's Name: _____

Date of Birth : ____/____/____ Parent Name(printed): _____

Parental Authorization: Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date, full name of the child, name of the medication; prescription number (if any), dosage, the dates to be given, the time of day to be dispensed and signature of parent.

I give Cornerstone Children's Center permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container. I understand that it is my responsibility to provide the items in bold.

_____ **Baby Wipes**

_____ **Band-Aids**

_____ **Neosporin or similar ointment**

_____ **Bactine or similar first aid spray**

_____ **Sunscreen**

_____ **Insect Repellant**

_____ **Non-prescription ointment (such Desitin or Vaseline)**

_____ **Baby Powder**

_____ **Other (please specify) _____**

Parent/Guardian Signature: _____ Date: _____