

**WRITTEN CONSENT FORM FOR APPLICATION OF  
OVER-THE-COUNTER TOPICAL OINTMENTS STOCKED BY CENTER  
AUTHORIZATION PERIOD: Remains in effect until terminated by parent/guardian.**

<b>Child's Name:</b>	<b>Date of Birth:</b>	
<b>Child's Known Allergies:</b>	<b>Program:</b>	
	<b>Age:</b>	<b>School:</b>

**TOPICAL OINTMENTS AUTHORIZED - (Please check boxes)**

<input type="checkbox"/> <b>Antiseptic Towelette - Strength Benzalkonium Chloride 1.750 Dosage:1 Towelette/wound</b>
<input type="checkbox"/> <b>Sting Relief - Strength Ethyl Alcohol 50.0%, Lidocaine 2.0% HCl Dosage:1 Towelette/Sting</b>
<input type="checkbox"/> <b>Bacitracin Zinc - Strength 1g/500 Bacitracin units(Base mineral oil/ petroleum jel) Dosage: 1 pkg. to cover area</b>
<input type="checkbox"/> <b>Burn Jel Strength Lidocaine 2.0% HCL Dosage: 1 pkg. to cover area</b>

**NOTE: Route of Administration for all above topical ointments: Applied to surface of skin**

**Frequency to be administered & symptoms that necessitate administration:** To be applied as needed to prevent infection, and reduce pain/ itching caused by minor cuts, scrapes, stings or burns

**Possible Side Effects/Special Instructions:** See attached product information sheet

**What action should the child care provider take if side effects are noted:**  
 Contact Parent     Other: \_\_\_\_\_

**PARENT INFORMATION AND CONSENT**

I parent/legal guardian  **AUTHORIZE**  **DO NOT AUTHORIZE** the day care program to administer this topical item AS INDICATED IN THE SECTION ABOVE and understand that administration will be documented on my child's incident report provided to me for review and logged with date and time in my child's personal record maintained at the child care site.

<b>Parent/Legal Guardians Signature:</b>	<b>Date:</b>
--	--------------

Parent Contact Info:	Home:	
	Cell:	
Employer:	Work:	Ext:

Parent Contact Info:	Home:	
	Cell:	
Employer:	Work:	Ext:

**CHILD CARE PROVIDER INFORMATION**

<b>Facility Name:</b>	<b>Facility ID#:</b>	<b>Facility Telephone #;</b>
-----------------------	----------------------	------------------------------

**My signature indicates that I have verified that all applicable information required for proper application of this topical product has been provided to and by the parents .**

<b>Authorized Child Care Providers Name:</b>	<b>Date Received from Parent:</b>
--	-----------------------------------

**Authorized Child Care Providers Signature:**

**CANCELLATION OF AUTHORIZATION**

I parent/legal guardian request that application of these topical items be discontinued on \_\_\_\_\_(date), I fully understand that once this authorization has been discontinued I will be required to complete a new authorization in order for it to be applied in the future.

<b>Parent/Guardian Signature:</b>	<b>Date:</b>
-----------------------------------	--------------