

Topical Medication Authorization

Name of Child: _____ Date of Birth: _____

Administration of Non-Prescription Topical Medications by TLT Personnel

I give The Language Tree permission for the following non-prescription topical medication to be applied to my child in accordance with the directions listed on the packaging. I understand that I have to provide the topical medication and it must be in its original container. I attest I have administered at least one dose of the above medication to my child without adverse side effects.

Name of Medication: _____ (one medication per form)

Directions for administration: _____

Name of Parent/Guardian: _____

Signature: _____ Date: _____

Staff to Complete:

Parent authorization form and medication received by: _____
(Signature of staff)

Medication started: _____ Medication Ended _____

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