

Plainfield Recreation Department
**Parent/Guardian Authorization for Administration
Of Topical Lotion or Non-prescription Topical Medication**

Child's Name _____ DOB _____

Program: Summer Recreation Child Care School Age Child Care

I give the staff/teacher permission to administer the below topical lotions or non-prescription topical medication to my child. I have provided the lotion in its original container with the directions for use clearly visible and labeled with my child's name. I have administered at least one dose of this lotion to my child without adverse effects. Lotions must be brought into program by adult.

Administration Start date: _____ Ending Date: _____

HAND LOTION- name and description _____

Dosage-how and when _____

Reason for which medication is being administered: _____

Area of application: _____

SUN SCREEN- name and description _____

(Sunscreen should be UVB and UVA protection of 15 SFP or higher and PABA free)

Dosage- how and when _____

Reason for which medication is being administered: _____

Area application: _____

INSECT REPELLANT- name and description _____

(When health authorities recommend protection products should contain DEET)

Dosage- how and when _____

Reason for which medication is being administered: _____

Area of application: _____

OTHER*- name and description _____

Dosage- how and when _____

Reason for which medication is being administered: _____

Area of application: _____

*diaper ointment, medicated powder, teething medication (all free of antibiotics or steroidal components)

Parent/Guardian Signature _____

Date _____