

Authorization to Dispense External Preparations

590-1-1-.20(1)

Child's Name: _____

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 **MONTESSORI ACADEMY** 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.

CHECK ALL THAT APPLY

- | | |
|---|--|
| <input type="checkbox"/> Baby Wipes | <input type="checkbox"/> Insect Repellent |
| <input type="checkbox"/> Band-aids | <input type="checkbox"/> Non-Prescription ointment (e.g. A & D, Desitin, Vaseline) |
| <input type="checkbox"/> Neosporin or similar ointment | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Bactine or similar first aid spray | _____ |
| <input type="checkbox"/> Sunscreen | _____ |

LIST ANY ALLERGIES (SKIN OR OTHERWISE) HERE:

- | | |
|---------------|----------------|
| Allergy _____ | Reaction _____ |
| Allergy _____ | Reaction _____ |
| Allergy _____ | Reaction _____ |

OTHER PARENTAL NOTES:

_____ **Parent/Guardian Signature** _____ **Date**

***This form will be maintained in child's file for the duration of enrollment.**