

Administration of Non-Prescription & First Aid Medication Form

Duration: August 20, 2018 – May 31, 2019



Name of Student: _____ **Birthdate:** _____ **Room #** _____

California state licensing mandates that all non-prescription/over-the-counter medications (including, but not limited to, lotions, ointments, liquids, tablets, pills, etc.) to be issued or applied at school be accompanied by a signed permission form. This policy also applies to first aid ointments and creams.

Instructions:

ALL non-prescription medications, lotions, creams, ointments, pills, tablets, etc. **MUST be NEW in the SEALED, original, labeled container and brought in a ziplock bag, labeled with your child's full name, birthdate and room number.** An SIGNED Administration of Non-Prescription & First Aid Medication Form MUST be on file in order to be issued to the student.

If you would like our staff to apply or issue any non-prescription, over-the-counter or first aid medication, please complete, sign, and return this form. All non-prescription medications, ointments, lotions, etc. will be applied according to the manufacturer's instructions that are printed

FIRST AID MEDICATION – In the event of a minor first aid incident, I authorize the staff of Pasadena Christian Preschool to apply the following **school-issued** ointments if deemed appropriate/necessary by the attending staff member. These will be applied according to the manufacturer's instructions.

- | | |
|---|---|
| <input type="checkbox"/> Soap and Water Only

<input type="checkbox"/> Triple Antibiotic Ointment
<small>(Bacitracin Zinc 400; Neomycin Sulfate 5mg)</small> | <input type="checkbox"/> Antiseptic Towelette (Benzylkonium Chloride)

<input type="checkbox"/> Sting Relief Insect Bite Antiseptic & Pain Reliever
<small>(Ethyl Alcohol 50%/Lidocaine HCl 2%)</small>

<input type="checkbox"/> Anti-Itch Cream - itchy insect bites (1% Hydrocortisone) |
|---|---|

Specific Instructions (if any): _____

SUNSCREEN – I authorize the staff of Pasadena Christian Preschool to apply sunscreen to my child if deemed advisable or appropriate, or according to my specific written instructions below.

- | | |
|--|---|
| <input type="checkbox"/> School Issued Sunscreen (Banana Boat 50+) | <input type="checkbox"/> Parent Issued Sunscreen
Brand Issued to School: _____ |
|--|---|

Specific Instructions (if any): _____

DIAPERING – I authorize the staff of Pasadena Christian Preschool to apply the following ointments if deemed appropriate/necessary by the attending staff member, and/or per my written instructions.

- | | |
|--|--|
| <input type="checkbox"/> School Issued Diaper Rash Cream | <input type="checkbox"/> Parent Issued Diaper Rash Cream |
|--|--|

Specific Instructions (if any): _____

OTHER – I authorize the staff of Pasadena Christian Preschool to issue the following non-prescription medication to my child. Dosages must comply with manufacturer's instructions.

<u>Name of Medication</u>	<u>Form</u>	<u>Purpose</u>	<u>Time of Day</u>

I request that the school assist my child in taking/applying the above referenced medication.

Signature of Parent: _____ **Date:** _____

Printed Name of Parent: _____