



YoungerMusik
5735 Kings Highway AA
Brooklyn, NY 11203

**Parent/Guardian Authorization for the Administration of
Non-Prescription Topical Medications By Child Care Personnel**

I am requesting that the following, non-prescription medication be administered to my child by a staff member from YoungerMusik.

I understand that I must supply YoungerMusik with the non-prescription topical medication in the original container labeled with the child's name, name of the medication, and the directions for how the medicine should be administered.

This authorization is limited to the following topical medications:

- 1. Diaper changing or other ointments free of antibiotic, antifungal, or steroidal medications.**
- 2. Medicated powders**
- 3. Teething, gum, or lip medications**

Name of Child: _____ Date of Birth: _____

Address: _____

Name of Medication: _____

Schedule of Administration: _____

Site of Administration: _____

Reason for Medicine: _____

Medication shall be administered from: _____ to: _____

I have administered at least one dose of the above medication to my child without adverse side effects.

Name of Parent/Guardian: _____ Relationship to child: _____

Signature: _____ Date: _____