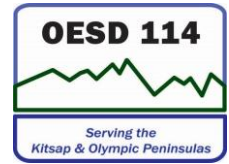




Olympic Educational Service District 114

105 National Avenue North, Bremerton, Washington 98312
(360) 478-6887 • 1-800-201-1300 • FAX (360) 405-5808



OVER THE COUNTER TOPICAL MEDICATION-PARENT AUTHORIZATION

- In this Head Start/ECEAP/Early Head Start program, we believe that medication is best administered at home by the family. Particularly for children in our part day classrooms, we request that the schedule for administration of needed medication be adjusted, when possible, so that it is given at home.
- Over-the-counter topical sunscreen and ointments intended for the diaper area or to reduce/stop itching or dry skin can be applied when authorized in writing by parent/guardian.
- Over-the-counter medications must be in the original container and applied in a manner consistent with manufacturer's directions.
- Any over-the-counter medication must have first been tried at home before the classroom can apply.
- Parent Authorization for over the counter medications must be renewed every 6 months.

Parent/Guardian: Please Complete the Following Information

Child Name _____

Health Concern _____

Name of Medication _____

Amount and Method of Administration _____

Time to be Applied at School _____

How Long Medication to be Continued _____

How Medication should be stored _____

Child's know medication allergies _____

If this is an AS NEEDED medication, please be specific about symptoms that prompt its administration:

I have previously applied the above named over-the-counter topical medication to my child and there was no unexpected reaction. I authorize Early Head Start staff to apply the same medication as directed above. I also give my permission for an exchange of information between Early Head Start and my child's health care provider regarding medication if necessary.

Parent/Guardian Signature _____ **Date** _____

Administration/Observation Log on Back

