

PHYLLIS BODEL CHILDCARE CENTER AT YALE SCHOOL OF MEDICINE INC.

367 Cedar Street, New Haven, CT. 06510 Phone: 203-785-3829 Fax: 203-785-3827

PARENT/GUARDIAN AUTHORIZATION FOR THE ADMINISTRATION OF

DIAPER CREAM/OINTMENT

This authorization is limited to the following topical medications:

1. Non-prescription diaper changing ointments that are free of antibiotics, antifungal or steroidal components.
2. Label, directions and ingredients must be in English.
3. No creams/ointments with nut oils/ingredients will be allowed.
4. Suggested creams/ointments are Desitin, Aquaphor, Balmex, A&D.

1. **Name of Child:** _____ **Date of Birth:** _____
Address: _____

2. **Cream/Ointment Name:** _____

3. **Dose:** enough to cover treated area

4. **Route:** topical to diaper area

5. **Time :** as needed for redness or irritation

Signs/Symptoms to give medication: redness or irritation, lip hydration

Medication shall be administered from _____ to ongoing.

Reason for which medication is being administered: redness or irritation at diaper area

I hereby request that the above directions are followed in administering the diaper cream/ointment/non-prescription topical medication to my child, _____, by a staff member of the day care facility. I understand that I must supply the child care facility with a new unopened diaper cream/ointment /non-prescription topical medication in the original container, labeled with the child's name, the name of the product and the directions for the administration. I have administered at least one dose of the above product to my child without adverse side effects.

Name of Parent/Guardian (relationship): _____ **Date:** _____

Signature: _____ **Daytime phone:** _____

Address (if different than above) : _____

For Staff to Complete:

Parent Authorization form and medication received by: _____ (Name of Staff)
_____ (Signature of Staff)

Medication started: _____ (date and time)

Medication ended: _____ (date and time)