



## Medication Authorization Form

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

I hereby give **HIS KIDZ ACADEMY** permission to apply or give one or more of the following medications or external preparations, in accordance with the directions for use on the container. Parents will provide items listed below if needed:

- Baby Lotion
- Baby Powder
- Baby Orajel ointment
- Sunscreen
- Insect Repellent
- Non-Prescription Ointment (such as Desitin, Vaseline, A&D)
- Neosporin or similar ointment (Day Care will provide)
- Other (please specify)

\_\_\_\_\_  
Special Instructions:  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*A SEPARATE FORM FOR “PRESCRIBED” MEDICATION WILL NEED TO BE FILLED OUT BY PARENT\*\***

Mother's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_

Date: \_\_\_\_\_