

Over the Counter (OTC) Topical Medication Administration Form

TO/S/R (Topical Ointment, Sunscreen, Insect Repellant)

Child's Name: _____ D.O.B _____

I hereby give _____ permission to apply or give one or more of the following over the counter topical ointments, sunscreens, and topically applied insect repellants, in accordance with the directions for use on the container:

Neosporin, Bacitracin, Triple antibiotic cream, or similar ointment
When to Use: _____
How Often: _____

Bactine or similar first aid spray
When to Use: _____
How Often: _____

Sunscreen
When to Use: _____
How Often: _____

Insect Repellent
When to Use: _____
How Often: _____

Non-Prescription Ointment (Such as A & D, Desitin, Vaseline)
When to Use: _____
How Often: _____

Lotion
When to Use: _____
How Often: _____

Other: (please specify) _____
When to Use: _____
How Often: _____

Other: (please specify) _____
When to Use: _____
How Often: _____

Special Instructions: _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____