# MEDICATION RELEASE FORM

As the parent, legal guardian or agency representative, I hereby give consent to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and her Staffto administer medication prescribed by our medical doctor for my child. **Prescription medication must be in the pharmacy packaging with full directions.**

**CHILD’S NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Should my child require pain reliever / fever reducing medication due to teething or

other non contagious conditions, I also authorize the administration of Tylenol or

Motrin in the correct dosage for my child's age according to packaging with the

following stipulations:

\_\_\_\_\_\_\_ At the discretion of Child Care Provider with report at end of day.

\_\_\_\_\_\_\_ Parent to be contacted for prior authorization.

\_\_\_\_\_\_\_ I do not authorize over the counter medications to be given.

I would like to be called to pick up my child.

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### SIGNATURE OF PARENT, LEGAL GUARDIAN OR AGENCY REPRESENTATIVE DATE

# SUNSCREEN RELEASE FORM

***Healthy skin care begins at childhood. We encourage all families to use sunscreen each morning. During the day, it may be necessary to reapply sunscreen to tender young skin. Title 22 licensing regulations, Section 101226(e) (4), Health-Related Services, requires Child Care Facilities to obtain written approval or instructions from parents prior to administering non-prescription medication to children in care. Sunscreen is considered a non-prescription medication. Therefore, your consent is necessary and this approval or instruction must be maintained in the child’s file.***

As parent, Legal Guardian or Agency Representative, I hereby request and give my permission to **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** to apply a hypoallergenic sunscreen spf30 (or greater) that may be waterproof as needed to my child.

**CHILD’S NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ I **DO NOT** want sunscreen applied to my child.

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## SIGNATURE OF PARENT, LEGAL GUARDIAN OR AGENCY REPRESENTATIVE DATE