



Non-Prescription Diaper Cream, Powder or Ointment - Permission FORM

I hereby grant permission to the staff of Anchor ELA to administer non-prescription topical **diaper cream, medicated powder or ointment**. I understand that I must supply Anchor ELA with the diaper cream, medicated powder or ointment in the original container labeled with my child's name and directions for administration.

Name of child: _____ Date of Birth: _____

Name of Product (including the exact brand name or generic) _____

Schedule of Administration: (How often?) **(circle one)**

When rash is observed

At every diaper change

Other _____

Possible side effects _____

Non-prescription, over-the-counter topical ointments will only be given according to the directions on the label.

Ointments not specifically meant for use in the diaper area require permission from your child's doctor.

(Pharmacist label on prescription medication indicates consent of health care provider.)

I understand that this permission release DOES NOT APPLY to prescription creams or ointments. Prescribed creams or ointments may only be applied by Anchor ELA staff when a Medication Authorization form is first completed and approved by staff.

Name of Parent/Guardian _____ Date _____

I have administered at least one dose of the above medication to my child without adverse side effects. Initial here: _____

Signature of Parent/Guardian _____



Sunscreen and Insect Repellent - Permission FORM

Sunscreen and insect repellent should be applied to a child at least once at home to test for any allergic reaction. Aerosol sprays are prohibited.

Sunscreen/sunblock must provide UVB and UVA protection with an SPF of 15 or higher.

Insect repellent may only be used if recommended by public health authorities or requested by a parent/guardian. The repellent must contain a concentration of 30% DEET or less. Oil of lemon eucalyptus and para-methane products may not be used on children under the age of three.

All sunscreen/sunblock and insect repellent provided by a parent/guardian must be:

- provided in the original container;
- clearly labeled with the child's full name;
- within the expiration date;
- appropriate for the age of the child; and
- free of nut ingredients.

I give Anchor ELA permission to apply (name of sunscreen) _____
and/or (name of insect repellent) _____
when outdoor conditions warrant and consistent with package instructions (subject to any special instructions below) to my
child, _____.

From: ____/____/____ To: ____/____/____ (not to exceed one year)

Special Instructions: Sunscreen/Sunblock:

Insect Repellent:

(Name of Parent/Guardian - Print)

(Date)

(Parent/Guardian Signature)