



## TOPICAL MEDICATION RELEASE FORM

School Time staff will apply topical medications, such as diapering ointments and prescription creams and ointments, only upon proper authorization by parent or guardian. School Time assumes no liability for adverse reactions to medications applied in accordance with authorized instructions.

Please complete the release form below if you wish to have School Time apply a topical medication to your child. This release form must be accompanied by a signed physician's note stating that your child may be administered this medication.

---

## TOPICAL MEDICATION RELEASE FORM

Child's Name \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give permission to School Time to apply the topical medication that I describe below to my child per the provided instructions. I understand that I will be responsible for putting on the initial application before coming each morning, if necessary. I understand that School Time will **not** apply topical medications to my child unless I provide additional written authorization from my child's physician.

Name of Medication: \_\_\_\_\_

Prescription?       Yes       No

Authorized Application Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent(s)

\_\_\_\_\_  
Date