



Embracing Equality and Diversity

Topical Ointment Authorization

Authorization form for the application of non-prescription topical ointment or cream, including but not limited to sunscreen, insect repellent, diaper ointment, or teething gel. All containers are to be marked with the child's name in permanent marker. Authorization Form must be completed for each non-prescription topical ointment or cream. **This form does not authorize any administration of prescription medication. Please complete OCC 1216 form for all prescription medications.**

Child's Name	Age	Classroom
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I authorize Hope Grows Child Development Center staff to apply the following non-prescription topical ointment or cream to my child, as described below. I understand that these products will only be applied according to the product's label. Any deviations from the label will require a physician's written authorization. For children under two years, please ensure their age is represented on the label or provide physician's written authorization.

TOPICAL OINTMENT/CREAM	WHERE ON THE BODY TO BE APPLIED	WHEN TO BE APPLIED	START DATE	END DATE	EXPIRATION DATE	PARENT/GUARDIAN INITIAL

*This authorization is valid for one year from the date of signature. Authorization form will be placed in child's file and copy of form will be placed in child's classroom.

Parent/Guardian Signature

Date

Location 1:
Hope Grows Child Development Center
9845 Lost Knife Road
Gaithersburg, MD 20886
301-990-3170

Location 2:
Hope Grows Child Development Center
20111 Century BLVD Suite A
Germantown, MD 20874
240-246-7835