



Embracing Equality and Diversity

Topical Ointment Authorization

Topical Ointment Authorization form for the application of non-prescription topical ointment or cream, including, but not limited to sunscreen, insect repellent, teething gel, or diaper rash cream and/or ointment. All containers must be marked with a child's name in permanent marker or visibly labeled with a name label. An 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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TOPICAL OINTMENT/ CREAM	WHERE ON THE BODY TO BE APPLIED	WHEN TO BE APPLIED	START DATE	END DATE	EXPIRATION DATE	PARENT/ GUARDIAN'S INITIALS

I, _____, authorize Hope Grows Child Development Center staff to apply the listed non-prescription topical ointment or cream documented on this form to my child, as described above. I understand that the listed product will only be applied according to the product's label instructions. Any deviations from the label instructions 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.

I further understand that this authorization is valid for one year from the date of signature. This authorization form will be placed in the child's file and a copy of the form will be kept in the child's classroom.

Parent/ Guardian Name: _____

Parent/ Guardian Signature: _____

Date: _____

Hope Grows at Lost Knife
 Location 1
 9845 Lost Knife Road
 Gaithersburg, MD 20886
 301-990-3170

Hope Grows at Century
 Location 2
 20111 Century BLVD- A.
 Germantown, MD 20874
 240-246-7835

Hope Grows at Frederick Rd
 Location 3
 19757 Frederick Road
 Germantown, MD 20876
 240-912-4294