

LA O'WN ACADEMY

**Parental Authorization to Dispense External Preparations**

**590-1-1-.20(1)**

I, \_\_\_\_\_, give La O'wn Academy Staff permission to apply one or more of the following topical ointments/preparations to my child, \_\_\_\_\_ in accordance with the directions on the label of the container.

- \_\_\_\_\_ Baby Wipes
- \_\_\_\_\_ Band-Aid
- \_\_\_\_\_ Neosporin or similar ointment
- \_\_\_\_\_ Bactine or similar first aid spray
- \_\_\_\_\_ Sunscreen
- \_\_\_\_\_ Insect Repellent
- \_\_\_\_\_ Non-Prescription ointment (such as A & D, Desitin, Vaseline)
- \_\_\_\_\_ Baby Powder
- Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date

\*THIS FORM WILL BE KEPT IN CHILD'S FILE\*

Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent.