

Oak Grove Montessori School External Preparations Form

I give Oak Grove Montessori School 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.

Child's Name:

Please check the appropriate box:

Yes No

 Baby Wipes

 Band-aids

 Neosporin or similar ointment

 Bactine or similar first aid spray

 Sunscreen

 Insect Repellent

 Non-Prescription ointment (such as A & D, Desitin, Vaseline)

 Baby Powder

 Hand Sanitizer

Other (please specify) _____

Please note below if your child has any allergies to specific brands of external preparations.

Parent/Guardian Signature

Date

590-1-.20(1)

Parental Authorization. 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. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.