

# Medication Authorization

## Over The Counter:

I hereby give Gina Murphey/Daycare Staff permission to apply or give one or more of the following over the counter medications or external preparations, in accordance with the directions for use on the container:

- Tylenol  Baby Wipes  Band-Aids  Neosporin, Bacitricin, or similar ointment  
 Bactine or similar first aid spray  Sunscreen  Insect Repellent  
 Non-Prescription Ointment (Such as A & D, Desitin, Vaseline)  
 Powder  Baby Lotion  Other: (please specify)

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

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

## Prescription:

I hereby give Gina Murphey/Daycare Staff permission to administer prescription medication. I understand that the medication must be in an original container provided by the pharmacy. The medication must have my child's name and instructions on how to administer.

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

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

# Photograph Authorization

I, \_\_\_\_\_ (parent's or guardian's name) give permission for Gina Murphey/Daycare Staff to photograph my child, \_\_\_\_\_ (child's name). For the following purposes:

Still Photographs:
Display in provider's personal scrapbook
Give photographs to current clients
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients
Display still photos on facility's website *
Use still photos in promotional materials
Videos:
Give video to current parents
Display video on facility website
Use videos in promotional materials

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

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