MONTESSORI CHILDREN'S CENTER

www.montessoricc.org

INSECT REPELLENT, DIAPER OINTMENT

AUTHORIZATION FORM

The above items will be applied on a child ONLY with the parent or guardian's COMPLETED written consent.

Child's Name_____ Date of Birth _____

Montessori Children's Center has my permission to administer the following items:

Name of lotion/spray/cream_____

Dosage:_____ Time to be given:_____ Route of administration:_____

Special Instructions:_____

Any known adverse reaction or side effect to this lotion/spray/cream:_____

_____

Parent's or Guardian's Signature_____ Date of Authorization_____

Date:	Staff applying lotion/spray:	Adverse Reaction or Errors	Parent Notified Yes/No