



PARENT/GUARDIAN AUTHORIZATION FOR THE  
ADMINISTRATION OF NON-PRESCRIPTION TOPICAL MEDICATIONS  
BY PUTNAM INDIAN FIELD SCHOOL STAFF

I hereby request that the following non-prescription topical medication be administered to my child by a staff member of Putnam Indian Field School. I understand that I must supply PIFS with the non-prescription topical medication in the original container labeled with my child's name, the name of the medication and the directions for the administration. This authorization is limited to the following topical medications:

Non-prescription sunscreen protectants that are  
free of amino benzoic acid (PABA) or its derivatives

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Medication: Name, method of administration, area of application \_\_\_\_\_

Schedule of administration \_\_\_\_\_

Medication shall be administered from \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)

Reason for which medication is being administered \_\_\_\_\_

I have administered at least one dose of the above medication  
to my child without adverse side effects.

Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

FOR STAFF TO COMPLETE

Parent authorization form and medication received by \_\_\_\_\_  
(Signature of Staff)

Medication started \_\_\_\_\_ (Date and Time)

Medication ended \_\_\_\_\_ (Date and Time)

