Administration of Sunscreen, Lotion, & First Aid Medication Form
Duration: August 19th, 2026 – May 27th, 2027

Name of Student: _____Birthdate: _____ Room #_____

California state licensing mandates that all non-prescription/over-the-counter medications (including, but not limited to, lotions, ointments, liquids, tablets, pills, etc.) issued or applied at school be accompanied by a signed permission form. **If your child requires any non-prescription or prescription medication not listed below, please request an "Administration of Medication Form" from the preschool office.**

Instructions:
ALL non-prescription medications, lotions, creams, ointments, pills, tablets, etc. **MUST be NEW in the SEALED, original, labeled container and brought in a Ziploc bag, labeled with your child's full name, birthdate and room number. Medication may not expire before the end of the summer program.**

If you would like our staff to apply or dispense any of the listed items below, please complete, sign, and return this form. All medications will be applied according to the manufacturer's instructions printed on the label.

FIRST AID MEDICATION – In the event of a minor first aid incident, I authorize the staff of Pasadena Christian Preschool to apply the following **school-issued** ointments if deemed appropriate/necessary by the attending staff member. These will be applied according to the manufacturer's instructions.

- ☐ Soap and Water Only
- ☐ **Triple Antibiotic Ointment** (Bacitracin Zinc 400; Neomycin Sulfate 5mg)
- ☐ **Antiseptic Towelette** (Benzalkonium Chloride)
- ☐ **Sting Relief Insect Bite Antiseptic & Pain Reliever** (Ethyl Alcohol 50%/Lidocaine HCl 2%)
- ☐ **Anti-Itch Cream** - itchy insect bites (1% Hydrocortisone)

Specific Instructions (if any):

SUNCSCREEN/LOTION/BUG REPELLENT – I authorize the staff of Pasadena Christian Preschool to apply sunscreen, lotion, or bug repellent to my child if deemed advisable or appropriate, or according to my specific written instructions below.

- ☐ School-Issued Sunscreen (*Banana Boat 50+*)
- ☐ School-Issued Lotion (*Aveeno Daily Moisturizing*)
- ☐ Parent-Issued Sunscreen
- ☐ Parent-Issued Lotion/Lip Balm
- ☐ Parent-Issued Bug Repellent (Child Safe)
- ☐ I do **NOT** authorize the school to administer sunscreen, lotion/lip balm, or bug repellent.

Specific Instructions (if any):

DIAPERING – I authorize the staff of Pasadena Christian Preschool to apply the following ointments if deemed appropriate/necessary by the attending staff member, and/or per my written instructions.

- ☐ School-Issued Diaper Rash Cream
- ☐ Parent-Issued Diaper Rash Cream
- ☐ Not Applicable

Specific Instructions (if any):

If your child requires any other non-prescription or prescription medication, please complete an Administration of Non-Prescription Medication Form or Administration of Prescription Medication Form available through the preschool office.

I request that the school assist my child in taking/applying the above-referenced medication.

Signature of Parent: _____ Date: _____

Printed Name of Parent: _____