

Child's Name: _____

2018-2019 Authorization to Dispense External Preparations

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medication 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.

I, _____, give St. Andrews 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. (PLEASE MARK ALL THAT YOU APPROVE TO BE USED.)

- Baby Wipes
- Band-aids
- Neosporin or similar ointment
- Bactine or similar first aid spray
- Sunscreen
- Insect Repellent
- Non-Prescription ointment (such as Vaseline)

Other (please specify) _____

Parent/Guardian Signature

Date

*center should maintain in child's file

Photograph Permission Slip

____ Yes, I, _____, give St. Andrews School permission to photograph my child, _____, while participating in activities. Pictures may be posted on the hallway walls, newsletters, website, print and electronic social media.

____ No, I, _____, do not give St. Andrews School permission to photograph my child, _____, while participating in activities.

Parent's Signature _____ Date _____