



## Medication Authorization Form

Child's Name

DOB

Age

Sex

I hereby authorize River Oaks Academy and their instructors to use the following topical\* medicines to my child, above mentioned, according to manufacturer instructions. I understand that this form is valid for the entire time my child is under River Oaks Academy care. I understand it is my responsibility to contact River Oaks Academy for a new form should I wish to change this information.

Antibiotic ointment?	To prevent infection	( ) Yes	( ) No
Sunscreen?	To prevent sunburn	( ) Yes	( ) No
Benadryl cream?	For insect bites and rashes	( ) Yes	( ) No
Cortisone cream?	For insect bites and rashes	( ) Yes	( ) No
Hydrogen peroxide?	Used to clean abrasions and cuts	( ) Yes	( ) No
Aloe gel?	For sunburns	( ) Yes	( ) No
Vaseline?	For chapped lips	( ) Yes	( ) No
Artificial tears?	For minor eye irritations	( ) Yes	( ) No

*\* No oral medications will be given to the Pre-School - Kindergarten population due to the wide range of children's weights and parental preferences. In the event that your child needs any other medicines you will be contacted by the administration.*

Prescription medication to be administered during the day:

Medication	Dosage	Time

Signing below, I agree that this document is a legally binding form. Providing false information will result in termination of contract.

Father/Guardian's Signature

Date

**Mother/Guardian's Signature**

**Date**