

## Golden Path | O.T.C. Topical Medication Form

Medication must be in the **original container** with the **child's name** clearly written on it.

Child's <b>Name</b>					
	Topical Medication In	Topical Medication Information			
Child's <b>Age</b>	I give permission for my child's day care	e provider to apply or help my child apply			
	Sunscreen Moisturizer Lip	Sunscreen Moisturizer Lip balm Over the counter diaper cream			
	Type of medication(s) provided				
	Special Instructions	Special Instructions			
	Beginning date	End date			
	I understand that my child's te any other reactions to these pr	eacher will promptly inform me of any skin reacti products.	on or		
	Signature				
	Parent signature	Date			



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Child's current classroom assignment

Date information provided to teachers

Administrator initials