



## Northwest Christian Schools Early Learning Program Eczema Medication Authorization Form

Child's Name: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_

Name of the Over the Counter Eczema Medication(Aquaphor, Vaseline, other):  
\_\_\_\_\_

Start date: \_\_\_\_\_ Stop date: \_\_\_\_\_

Apply when eczema looks like:  
\_\_\_\_\_

(Cannot say "as needed")

Amount to be applied: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Is above information consistent with the label on the container \_\_\_\_\_

Special instructions: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Daytime Phone Number \_\_\_\_\_

This permission form is valid for 1 year from date of signature. Please renew annually.

Medication was returned to parents or discarded: \_\_\_\_\_ (Must be completed after stop date and before filing in child's file)  
Date \_\_\_\_\_