



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