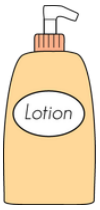
Redeemer Lutheran School

Ohio Department of Children & Youth

Lotion or Lip Balm

Over the Counter



REQUEST FOR ADMINISTRATION OF MEDICATION

Child Care Centers and Type A Homes

This form is valid for no longer than twelve (12) months. One form must be used for each medication.

Check all that apply:

- ☐ Topical Product or lotion
- ☐ Lip Balm

Complete all of the following information

Name of child: _____ Date of birth: _____

Weight _____

Product Information

Name of Topical product: _____ Exact Dosage: _____

Administration Details

To be administered at the following times: _____

For the following period of time: _____

Topical product must be applied at least once at home to avoid any unexpected reactions.

Parent/Guardian Signature

Parent / Guardian signature: _____ Date _____

This form must be used by child care centers to meet the requirement of OAC Rule 5180: 2-12-25

(Rev. 1/2/25)