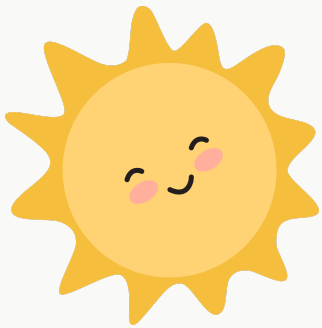

SUNSCREEN

For Redeemer Lutheran School

Lancaster, Ohio

Ohio Department of Children & Youth

REQUEST FOR ADMINISTRATION OF MEDICATION

Child Care Centers and Type A Homes

This form is valid for no longer than twelve (12) months.

COMPLETE ALL OF THE FOLLOWING INFORMATION

Name of child: _____

Date of birth: _____ Weight: _____

Name of medication: _____ Exact Dosage: _____

To be administered at the following times: **Before Outdoor Play**

For the following period of time: _____

Parent / Guardian signature: _____ Date: _____

***Sunscreen must be applied at least once at home to avoid any unexpected reactions.**

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

(Rev. 1/2/25)