

THE KID RANCH

Parent's Standing Orders for Non-prescription topical medications

CHILD'S
NAME: _____

I authorize The Kid Ranch staff to administer the following non-prescriptive topical medications to my child, in accordance with my instructions and those located on the original container.

yes no Teething _____
(Ambesol, Orajel, other)

yes no Ointment _____
(Bacitracin, Neosporin, Zinc Oxide, other)

yes no Diaper Rash _____
(Dr. Smith's, A&D, Desitin, other)

yes no Insect Repellant _____
(Skin-so-Soft, Other)

yes no Sun Screen _____
(Coppertone, Johnson's, other)

yes no Other (as specified by parent)

Parent Signature _____ Date _____