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**Parent/Guardian Authorization for  
Administration of Non-Prescription Topical Medications by DNA EpiCenter, Inc. Personnel**

To: DNA EpiCenter, Inc. Camp Director:

I hereby request that the following non-prescription topical medication be administered to my child by a staff member of DNA EpiCenter, Inc. I understand that I must supply DNA EpiCenter, Inc. with the non-prescription topical medication in the original container labeled with the child's name, the name of the medication, and the directions for the administration of the medication.

**This authorization is limited to the following topical medications:**

1. Non-prescription diaper changing ointments that are free of antibiotic or steroidal components
2. Non-prescription medicated powders
3. Non-prescription insect repellents
4. Non-prescription teething medications
5. Non-prescription sunscreen protectants that are free from amino benzoic acid (PABA) or its derivatives

Name of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Medication (Name of Medication, Method of Administration, Area of Application):  
\_\_\_\_\_  
\_\_\_\_\_

Time of Administration: \_\_\_\_\_

Medication to be administered from (date): \_\_\_\_\_ to (date): \_\_\_\_\_

Reason for which medication is being administered: \_\_\_\_\_  
\_\_\_\_\_

I have administered at least one dose of the above medication to my child without adverse side effects.

Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_