

ROCKVILLE DAY CARE ASSOCIATION, INC.  
**Non-prescription Topical Medication Log**

This form is to be used *only for over the counter topical medications that need to be applied on a frequent-regularly scheduled basis. NO SPRAYS!* The parent must complete the information below for *each* topical medication that they request RDCA to apply. This log sheet should be used to record when the topical medication was applied at the Center. This form shall be retained in the child's permanent record.

Child's Name: \_\_\_\_\_ Center: \_\_\_\_\_

Topical Medication: \_\_\_\_\_

Instructions for application (date range, times/frequency, specific conditions, amount, etc.)

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

List the date administered in the far left column. In each block across - put the time the medication was applied each time throughout the day - along with your initials.

<b>EXAMPLE:</b> 06/22/09	9:00am √ MB	11:00am √ MB	2:00pm √ MB	4:00pm √ MB
<b>Date</b>	<b>Time:</b> _____	<b>Time:</b> _____	<b>Time:</b> _____	<b>Time:</b> _____

Continued on the reverse.....

