

NON-PRESCRIPTION MEDICATION FORM

Child's Name _____

I hereby give permission to _____

to administer the over-the-counter preparations listed below in accordance with the directions for use listed on the container.

Specify name brand, frequency, and duration of use.

Baby Wipes _____

Ointment (Desitin, Vaseline, etc.) _____

Baby Powder _____

Sunscreen _____

Insect Repellent _____

Other

* I release the above named daycare provider from any liability from administering these products.

Parent Signature/Date _____

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All items must be supplied by parents if use is requested. All items must be provided in the original container clearly labeled with the child's name.