



Non Prescription Medication Form

Childs 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: _____

Diapering ointment(s): _____

Baby Powder: _____

Sunscreen: _____

Other: _____

*I release the above named child care provider from any liability from administering the above 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 original container clearly labeled with the child's name