



Over-the-Counter Medication Permission Form

Child's Name: _____

Date _____

I hereby give Happy Hearts Learning Center LLC permission to apply or give the following over the counter medications or external preparations in accordance with the directions for use on the container: (mark "x" on items refused) * Denotes items to be supplied by parents if use is requested.

☐ Tylenol*

☐ Baby Wipes*

☐ Band-Aids

☐ Neosporin, Bacitracin, or similar rash relief ointment

☐ Bactine or similar first aid spray

☐ Sunscreen*

☐ Insect Repellent*

☐ Non-Prescription Ointment (Such as A & D, Desitin, Vaseline)*

☐ Powder*

☐ Baby Lotion*

☐ *Other: _____

Specify frequency and duration of use: _____

Special Instructions: _____

Note: If the instructions for administering the medication, cream, etc. are not printed on the container (such as with Tylenol for children under 2), then I need a form from the child's doctor indicating the appropriate dosage to be given.

I hereby request that Happy Hearts Learning Center LLC administer one or more of the above over the counter medications or external preparations in accordance with the directions on the container as needed. This consent is valid from today until **August 2027**. I may withdraw this request at any time.

I release Happy Hearts Learning Center LLC from any liability for administering these preparations.

Parent/Guardian _____

print

Parent/Guardian _____

Date _____

sign