NON-PRESCRIPTION MEDICATION RECORD

I hereby authorize the Munchkinland Learning and Daycare Center to use the following products on my child according to manufacturer or physician's written instructions. I will not hold the above name Provider liable for any allergic reactions or other symptoms when the products are used in accordance with these terms.

Parent's Signature: __________________________________________

Parent's Signature: __________________________________________

Provider's Signature: _________________________________________

Child's Name: _____________________________________________

Date: ___________________________ (to be reviewed annually)

Please remember you will be responsible to supply the following products.
(Please circle Yes or No and put specific brand name where needed)

Baby Wipes
YES ~ NO Brand: ___________________________ Comments: __________

Diaper Ointments
YES ~ NO Brand: ___________________________ Comments: __________

Baby Lotion
YES ~ NO Brand: ___________________________ Comments: __________

First Aid Ointments
YES ~ NO Brand: ___________________________ Comments: __________

Vaseline
YES ~ NO Brand: ___________________________ Comments: __________

Insect Repellent
YES ~ NO Brand: ___________________________ Comments: __________

Sunscreen
YES ~ NO Brand: ___________________________ Comments: __________

The following medicines would only be used in extreme emergencies. Ongoing administration would require you to fill out a "Medication Release Form" for each incident.

Benadryl
YES ~ NO Brand: ___________________________ Comments: __________

Acetaminophen
YES ~ NO Brand: ___________________________ Comments: __________

Ibuprofen
YES ~ NO Brand: ___________________________ Comments: __________