

# 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: \_\_\_\_\_