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Permission to Administer Over-The-Counter Topical Medications

OVER-THE-COUNTER Medication Checklist

Please check off any over-the-counter topical medications that you will allow the CELC staff to administer to your child. If your child must use a specific brand for any of the products listed, please check yes and indicate the brand name of the product next to the category. If any brand is acceptable just check No beside the product. Specific brands must be supplied by families.

Approval	Product	Does your child need to use a specific brand?	What is that brand? <i>These items must be supplied by the parent.</i>
Parent's Initial _____	Cutter Skinsations Insect Repellent	_____ Yes _____ No	
Parent's Initial _____	Thinksport Sunscreen SPF 50 +	_____ Yes _____ No	
Approval	Product	Does your child need to use a specific brand?	What is that brand? <i>These items must be supplied by the parent.</i>
Parent's Initial _____	First Aid Cream/Spray	_____ Yes _____ No	
Parent's Initial _____	Calamine Lotion	_____ Yes _____ No	
Parent's Initial _____	Bandage	_____ Yes _____ No	
Parent's Initial _____	Hand Sanitizer (When running water and soap is not available)	_____ Yes _____ No	
Parent's Initial _____	Triple Antibiotic Ointment	_____ Yes _____ No	

Over-The-Counter Medication Permission

I, _____ give permission to the Clinton Early Learning Center to apply topical over-the-counter medications to my child, _____, according to label directions. I understand that the stocked brand may be used unless I have indicated a specific brand above and will supply that brand for my child. I understand that I must label products that are specific to my child with his/her first and last name. This permission will be in effect from **June 1, 2017 to November 31, 2017.**

Parent Signature _____ Date _____