

# NON-PRESCRIPTION MEDICATION FORM

Child's Name \_\_\_\_\_

I hereby give permission to \_\_\_\_\_ Kid Central Child Care \_\_\_\_\_

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 \_\_\_\_\_

Ointment (Desitin, Vaseline, etc.) \_\_\_\_\_

Baby Powder \_\_\_\_\_

Sunscreen \_\_\_\_\_

Insect Repellent \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* I release the above named daycare provider from any liability from administering these products.

Parent Signature/Date \_\_\_\_\_

Parent Signature/Date \_\_\_\_\_

All items must be supplied by parents if use is requested. All items must be provided in the original container clearly labeled with the child's name.