



PLEASE COMPLETE (at Meet the Teacher) Over the Counter Medicines Permission Slip

PLEASE RETURN BY SEPTEMBER 6TH or WITHIN FIRST WEEK OF ATTENDANCE

This permission slip gives you the option to permit The Ridge Preschool to administer over the counter medicines, held in The Ridge Preschool first aid kit. Please sign the form and check the boxes against each over the counter medicine you permit us to use. We ask that you attached a current photo of your child below for security.

I give my consent, in each box below, for the following over the counter medicines:

PROVIDED BY THE RIDGE PRESCHOOL FIRST AID KIT:

Antibacterial graze spray Y N

Antibacterial Cream / gel (eg Neosporin) Y N

Hydrogen Peroxide Y N

Benadryl (dye free: for use ONLY if unexpected allergic reaction) Y N

PROVIDED AND LABELED WITH CHILD'S NAME BY PARENT

Diaper Rash Cream Y N

Child's Name _____

Parent's Signature _____

Date _____

