## NON-PRESCRIPTION MEDICATION FORM

Child's Name
I hereby give permission to
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.

## Prescription Medication Log

Child's Name					
Date			_		
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Parent Signate	Jre				
Name of med	lication:				
Reason for medication: Finish Date Finish Date					
The f		Finish D	oate		
Times for each dosage: am or pm am or pm					
Amount per d	ose:			· · · · · · · · · · · · · · · · · · ·	
Dosage Log					
Date	Time	Dose	Signature	Comments	
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