

Non-Prescription Medication Form

Child's Name _____ Date _____

I authorize Wild Roots Early Learning Center to use the following products on my child according to the manufacturer or a physician's written instructions. I will not hold the above-named provider liable when the products are used according to these terms.

Parents are responsible for providing the following items. All items must be in the original container and clearly labeled with the child's first and last name.

Please circle yes or no and add a brand name where necessary.

Baby Wipes

Yes – No Brand: _____ Comments: _____

Diaper Ointment

Yes – No Brand: _____ Comments: _____

Baby Lotion

Yes – No Brand: _____ Comments: _____

Sunscreen

Yes – No Brand: _____ Comments: _____

Insect Repellant

Yes – No Brand: _____ Comments: _____

First Aid Ointments

Yes – No Brand: _____ Comments: _____

Parent Name: _____

Parent Signature: _____

Provider's Signature: _____

This form will be reviewed annually.