

# 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.**