

Non-Prescription Medication Form

Child's Name _____ Date _____

I authorize my child care provider, _____ 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 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/Powder

Yes - No Brand _____ Comments _____

Sunscreen

Yes - No Brand _____ Comments _____

Insect Repellent

Yes - No Brand _____ Comments _____

First Aid Ointments

Yes - No Brand _____ Comments _____

Parent Signature: _____

Parent Signature: _____

Provider Signature: _____

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