Over-the-Counter Medication Form

Name __________________________

Date __________________________

I give permission for, _____________________________ to use the following over-the-counter or external preparations as needed according to the directions for use on the container. Note: If the directions for use are not specific on the container, (such as Tylenol for a child under the age of 2), I will need a physician’s note with the appropriate dosage.

*Denotes items that must be supplied by parents. All must be in the original container clearly labeled with the child’s name.

* (  ) Acetaminophen
* (  ) Ibuprofen
* (  ) Benedryl
* (  ) Baby Wipes
* (  ) Baby Lotion
* (  ) Baby Powder
* (  ) Sunscreen
* (  ) Insect Repellent
  (  ) Band-Aids
  (  ) Neosporin or similar Ointment
  (  ) Bactine or similar First Aid Spray

Parent Signature ___________________________________________________

Parent Signature ___________________________________________________

This consent is valid for 1 (one) year.