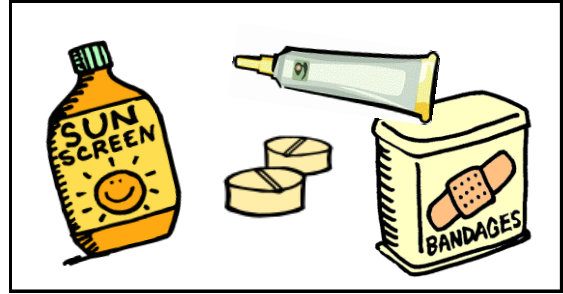


Over-the-Counter Medication Form

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 _____