

NON-INGESTIBLE OVER THE COUNTER MEDICATION AUTHORIZATION FORM

TO BE COMPLETED BY PARENT

Child's Name _____ Date of Birth ____/____/____

Program Name _____

**I give permission for the administration of the following non-ingestible over the counter medications
(mark all that apply):**

- ☐ Diaper Rash Cream/Ointments _____
- ☐ Insect Repellent _____
- ☐ Sunscreen _____
- ☐ Cortisone/Anti-Itch Creams/Ointments _____
- ☐ Medicated Lip Treatments _____
- ☐ OTC Antibiotic Creams/Ointments _____
- ☐ Burn Creams/Sprays _____
- ☐ Other Non-Ingestible OTC's: (Please Specify) _____

To administer a non-ingestible over the counter medication:

- The medication must be brought to the day care facility from the parent;
- The medication must be in its original container, with a legible label, and expiration date of medication;
- The child's name must be on the original container

Special handling/storage Instructions _____ Refrigeration? ____

Parent/Guardian Signature (required) _____ **Date:** ____/____/____

*** This document must be updated on an annual basis.**

Unused Medication: (check one) Returned to Parent Y ☐ N ☐ Discarded appropriately Y ☐ N ☐

By: _____

Date: ____/____/____

***Keep in the child's file when medication is finished.**