Department of Public Health and Human Services
Early Childhood Services and Family Support Division
Child Care Bureau / Child Care Licensing

NON-INGESTIBLE OVER THE COUNTER MEDICATION AUTHORIZATION FORM

INSTRUCTIONS

PARENT

Please select all non-ingestible over the counter medications, listed below, that you are giving your child care provider permission to administer to your child.

On the line after the medication please indicate if there are special handling or storage instructions, including if the medication needs to be refrigerated.

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

PROVIDER

To administer a non-ingestible over the counter medication:

- The medication must
  - include the child's name on the original container
  - be brought to the child care facility by the parent.
  - be in its original container,
  - have a legible label,
  - include the medicines expiration date

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

Child and Provider Information

Child's Name: _____ Date of Birth: _____

Program Name: _____

Medication Information

Mark all the below listed non-ingestible OTC (over the counter) medications that you are giving the provider permission to administer.

	Special handling/storage Instructions	*Refrigeration?*
☐ Antibiotic Creams/Ointments	_____	☐ Yes ☐ No
☐ Antiseptic *(Iodine, Alcohol, Hydrogen Peroxide)*	_____	☐ Yes ☐ No
☐ Burn Creams/Sprays	_____	☐ Yes ☐ No
☐ Cortisone/Anti-Itch Creams/Ointment	_____	☐ Yes ☐ No
☐ Diaper Rash Cream/Ointments	_____	☐ Yes ☐ No
☐ Insect Repellent	_____	☐ Yes ☐ No
☐ Medicated Lip Treatments	_____	☐ Yes ☐ No
☐ Sunscreen *(see 37.96.506 FIRST AID 2a)*	_____	☐ Yes ☐ No
☐ Other non-ingestible OTC's: *(please specify)*	_____	☐ Yes ☐ No

Parent Signature

I give permission for the administration of the above indicated non-ingestible over the counter medications

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

Unused Medication

Was the unused medication:

- Returned to the parent? ☐ Yes ☐ No By: _____ Date: _____
- Discarded appropriately? ☐ Yes ☐ No By: _____ Date: _____