

AUTHORIZATION TO ADMINISTER NON-PRESCRIPTION MEDICATION



CHILD INFO

Name _____

I, _____, authorize _____

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.

PRODUCTS

Baby wipes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Band-aids	Yes <input type="checkbox"/>	No <input type="checkbox"/>
First aid ointments	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Antiseptic or first aid spray	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sunscreen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insect repellent	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Non-prescription ointment (such as A&D, Desitin, Vaseline)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Baby powder	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Baby lotion	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (please specify)		

COMMENTS

Parent/Guardian Signature _____

Date _____