



Non-Prescription Medication Products Authorization Only

Parents are welcome to provide over-the counter products to be used at school. Over the counter products should be brought to school in the original container. Please indicate which, if any, of the following products you wish to provide and authorize teachers to use for your child.

TO BE COMPLETED BY PARENT

Child's Name: _____ Birthdate: _____
Program's Name: Family Child Development Center Today's Date: _____

The following external products may be applied to my child in accordance with the manufacturer's instructions on the original container:

____ Diaper wipes
____ Diaper creams, ointments
____ Skin lotions/creams/Vaseline: specify if special brand: _____
____ Soap, special brand: _____
____ Sunscreen: specify brand: _____
____ Insect repellants: specify brand: _____
____ Lip balm
____ Other-please specify: _____

Note: Teething gels are considered OTC medications, not products (*Use Form M-200 form.*) Teething gels are not recommended and need to be used with extreme caution. They have been known to numb the throat which causes a potential choking hazard.

Parents/Guardian's signature required _____

*Unused products: Returned to parents? Yes / No **or**, discarded appropriately (circle)

By: _____ Date: _____

All oral OTC medications need Prescription or Non-Prescription Medication Authorization/Administration Form completed.

This form is from HCCC-A to Z Health and Safety in the Child Care Setting-Second Edition and adapted by Family Child Development Center for center use. *Keep this form in the child's file when medication is finished.*