



Signature: _____

Date: _____

Non-Prescription Medication Products Authorization

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: _____ Birth Date: _____

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: _____
- _____ Soaps, Special brand: _____
- _____ Sunscreen: Specify Brand: _____
- _____ Insect repellents: 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: Return to parents? Yes/No or, discard appropriately (Circle)

By: _____ Date: _____

All oral OTC medications need prescription or Non-Prescription Medication Authorization/Administration Form Completed to administer.