

Non-Prescription Medication Application Form

Child's Name \_\_\_\_\_

I hereby give permission to \_\_\_\_\_

To administer the over-the-counter preparations listed below in accordance with the directions for use listed on the container.

Specify name brand, frequency, and duration of use.

Ointment (Desitin, Vaseline, etc.) \_\_\_\_\_

Baby Powder \_\_\_\_\_

Sunscreen \_\_\_\_\_

Insect Repellent \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*I release the above named child care provider from any liability from administering these products.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

