

## Over the Counter Medication Form

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give **Little Angels Playhouse** permission to apply or give one or more of the following over the counter medications or external preparations, in accordance with the directions for use on the container:

- Tylenol / Acetaminophen
- Motrin / Ibuprofen
- Band-Aids
- Neosporin, Bacitracin, or similar ointment
- Benadryl or similar ant allergic ointment
- Arnicare Gel  Pepto-Bismol

This products will be supplied by parents if use is requested:

- Baby Wipes
- Insect Repellent
- Sunscreen
- Non-Prescription Ointment (Such as A & D, Desitin, Vaseline)
- Powder
- Baby Lotion
- Other\*: (please specify) \_\_\_\_\_

Specify frequency and duration of use:

\_\_\_\_\_

Special Instructions:

\_\_\_\_\_

I hereby authorize **Little Angels Playhouse** to administer one or more of the above over the counter medications or external preparations if necessary in accordance with the directions on the container.

I release **Little Angels Playhouse** from any liability for administering these preparations.

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_