



Auntie's Place Daycare

## Over-the-Counter Medication Form

Name \_\_\_\_\_

Date \_\_\_\_\_

I give permission for, \_\_\_\_\_ to use the following over the counter or external preparations as needed according to the directions for use on the container. Note: If the directions for use are not specific on the container, (such as Tylenol for a child under the age of 2), I will need a physician's note with the appropriate dosage.

Items are supplied by the licensed facility. All must be in the original container clearly labeled.

- \* ( ) Acetaminophen
- \* ( ) Ibuprofen
- \* ( ) Benadryl
- \* ( ) Baby Wipes
- \* ( ) Baby Lotion
- \* ( ) Sunscreen
- \* ( ) Insect Repellent
- \* ( ) Band-Aids
- \* ( ) Neosporin or similar Ointment
- \* ( ) Bactine or similar First Aid Spray

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

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

This consent is valid for 1 (one) year.