Medical Authorization for Non-Prescribed Medications

Child's Name:_____

All over the counter medications including topical substances shall be in the original container and labeled with the child's name. My child may be given non-prescribed medication. This may include the following:

Acetaminophen	☐ Yes ☐ No	Ibuprofen	☐ Yes ☐ No
Antibiotic cream	☐ Yes ☐ No	Insect Repellent	☐ Yes ☐ No
Antihistamine	☐ Yes ☐ No	Lip Balm	☐ Yes ☐ No
Antiseptic wipes/gel	☐ Yes ☐ No	Rash Ointment/Cream	☐ Yes ☐ No
Baby Lotion	☐ Yes ☐ No	Saline Nose Drops	☐ Yes ☐ No
Baby Oil	☐ Yes ☐ No	Shampoo	☐ Yes ☐ No
Baby Powder	☐ Yes ☐ No	Sunburn Ointment	☐ Yes ☐ No
Cough Syrup	☐ Yes ☐ No	Sunscreen	☐ Yes ☐ No
Diapering Ointment	☐ Yes ☐ No	Teething medications	☐ Yes ☐ No
Diaper Wipes	☐ Yes ☐ No	Toothpaste	☐ Yes ☐ No
Hydrocortisone	☐ Yes ☐ No	Petroleum Jelly	☐ Yes ☐ No

Other: _____

_____

_____

_____

_____

_____

_____ _____

PARENT/GUARDIAN SIGNATURE DATE