

## OVER THE COUNTER (OTC) MEDICATION AUTHORIZATION FORM

TO BE COMPLETED BY PARENT

Child's Name: \_\_\_\_\_ Date of Birth        /        /

Program Name:    Woodland Montessori School        Today's Date        /        /

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**I give permission for the administration of the following non-ingestible over the counter medications as needed (facility will supply). Mark all that apply:**

- Insect Repellent
- Sunscreen
- OTC Antibiotic Creams/Ointments
- Cortisone/Anti-Itch Creams/Ointments
- Burn Creams/Sprays

**I give permission for the administration of the following non-ingestible over the counter medications:**

- The OTC medication must be brought to the facility from the parent;
- The OTC medication must be in its original container, with a legible label, and expiration date of medication;
- The child's name must be on the original container.

- Diaper Rash Cream/Ointments
- Other Non-Ingestible OTC's: (Please Specify)

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Special handling/storage Instructions        Refrigeration: Yes No

**Parent/Guardian Signature** (required)

**This document must be updated on an annual basis.**

**Unused Medication:** Returned to Parent Y/N        or        Discarded Appropriately        (circle one)  
By: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_