

# NON-INGESTIBLE OVER THE COUNTER MEDICATION AUTHORIZATION FORM

## TO BE COMPLETED BY PARENT

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

Program Name \_\_\_\_\_

\*\*\*\*\*

**I give permission for the administration of the following non-ingestible over the counter medications  
(mark all that apply):**

Diaper Rash Cream/Ointments \_\_\_\_\_

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

Sunscreen \_\_\_\_\_

Cortisone/Anti-Itch Creams/Ointments \_\_\_\_\_

Medicated Lip Treatments \_\_\_\_\_

OTC Antibiotic Creams/Ointments \_\_\_\_\_

Burn Creams/Sprays \_\_\_\_\_

Other Non-Ingestible OTC's: (Please Specify) \_\_\_\_\_

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

**To administer a non-ingestible over the counter medication:**

- The medication must be brought to the day care facility from the parent;
- The 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

Special handling/storage Instructions \_\_\_\_\_ Refrigeration? \_\_\_\_\_

Parent/Guardian Signature (required) \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

**Unused Medication:** (check one) Returned to Parent Y    N            Discarded appropriately Y    N

By: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\*Keep in the child's file when medication is finished.**