



LOVELY CHILD CARE CENTER

Non-prescription Medication Products

Authorization Form

All over the counter (OTC) products need parental permission for administration. However, some of these external products do not need to be documented every time you use them. The following is a list requiring parental permission only.

TO BE COMPLETED BY PARENT

Child's Name: _____ **Date of Birth:** _____

Parent's Name: _____ **Phone Number:** _____

The following external products may be applied to my child in accordance with the manufacturer's instructions on the original container. Please Check one:

- _____ Diaper Wipes
- _____ Diaper Creams, Ointments
- _____ Skin Lotions/Creams/Vaseline, if Special Brand: _____
- _____ Soap, Brand Name _____
- _____ Sunscreen: Specify if special brand: _____
- _____ Insect Repellents, Specify if Special brand: _____
- _____ Lip Balm
- _____ Chemical Hand sanitizers
- _____ Toothpaste
- _____ Other products, please specify: _____

Parent's Signature: _____ **Date:** _____

Notes: _____

Reviewed and approved by:

Center Staff Name: _____ **Date:** _____