

OTC Medication Form

(Over The Counter Medicine Form)

Child's Name: _____ Date: _____

I hereby give Lucky Charms Daycare and/ or staff or volunteer permission to apply or give one or more of the following over the counter medications or external preparations, in accordance with the directions for use on the container:

Please initial if you grant permission:

- Tylenol,*
- Motrin /Advil or any other similar Ibuprofen product,*
- Baby Wipe's*
- Band-Aids
- Neosporin, Bacitricin, or similar ointment
- Bactine or similar first aid spray
- Sunscreen*
- Insect Repellent*
- Non-Prescription Ointment (Such as A & D, Desitin, Vaseline), *
- Powder*
- Baby Lotion*
- Hydrogen Peroxide
- *Other: (please specify) _____
- *Other: (please specify) _____

Specify frequency and duration of use: _____

Special Instructions: _____

Note: If the instructions for administering the medication, cream, etc. are not printed on the container (Such as Tylenol for children under 2), then I need a form from the child's doctor indicating the appropriate dosage to be given.

I hereby request that Lucky Charms Daycare, LLC administer one or more of the above over the counter medications or external preparations in accordance with the directions on the container as needed. This consent is valid from _____ to _____.

I may withdraw this request at any time.

I release Lucky Charms Daycare, LLC from any liability for administering these preparations.

Mother: _____ Date: _____

Father: _____ Date: _____

* Denotes items to be supplied by parents if use is requested