OTC Medication Form

(Over The Counter Medicine Form)

**Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby give Lanoria Buttrum of Little Heavenly Ones 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, \*Has to sign on KDHE Form also**

**[ ] Motrin /Advil or any other similar Ibprophen product, \* Has to sign on KDHE Form also**

**[ ] 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Special Instructions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**I hereby request that Lanoria Buttrum 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 Little Heavenly Ones Daycare from any liability for administering these preparations.**

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

**Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**