

Non - Prescription Medication Form

CHILD INFO

Name

Date Of Birth

I _____, authorize Lucky Charms Childcare & Preschool to use the following non-prescription medication according to the instructions provided on the label on my child, _____, during their time at Lucky Charms Childcare & Preschool. I hereby release the above-stated childcare provider from any liability for injuries or damages that may occur from administering the following non-prescription medication to my child.

PARENTS MUST SUPPLY THE FOLLOWING ITEMS, EACH OF WHICH SHOULD BE IN THE ORIGINAL CONTAINER AND CLEARLY LABELED WITH THE CHILD'S NAME.

| PRODUCTS (PLEASE SPECIFY BRANDS) | YES | NO |
|---|--------------------------|--------------------------|
| Baby wipes | <input type="checkbox"/> | <input type="checkbox"/> |
| Band-Aids | <input type="checkbox"/> | <input type="checkbox"/> |
| First Aid Ointments | <input type="checkbox"/> | <input type="checkbox"/> |
| Antiseptic Spray | <input type="checkbox"/> | <input type="checkbox"/> |
| Sunscreen | <input type="checkbox"/> | <input type="checkbox"/> |
| Insect Repellent | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Prescription Ointment/ Diaper ointment (i.e. A&D, Destin, Vaseline) | <input type="checkbox"/> | <input type="checkbox"/> |
| Baby Lotion | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS

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Parent's Signature

Date

This form will be reviewed annually

Over The Counter Medication Form

CHILD INFO

Name

Date Of Birth

I _____, authorize Lucky Charms Childcare & Preschool to use the following non-prescription medication according to the instructions provided on the label on my child, _____, during their time at Lucky Charms Childcare. I hereby release the above-stated childcare center from any liability for injuries or damages that may occur from administering the following non-prescription medication to my child.

PARENTS MUST SUPPLY THE FOLLOWING ITEMS, EACH OF WHICH SHOULD BE IN THE ORIGINAL CONTAINER AND CLEARLY LABELED WITH THE CHILD'S FIRST AND LAST NAME.

| PRODUCTS | YES | NO |
|-------------------------|--------------------------|--------------------------|
| Acetaminophen (Tylenol) | <input type="checkbox"/> | <input type="checkbox"/> |
| Ibuprofen (Motrin) | <input type="checkbox"/> | <input type="checkbox"/> |
| Benadryl | <input type="checkbox"/> | <input type="checkbox"/> |
| Neosporin | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
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COMMENTS

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Parent's Signature

Date