



NON-INGESTIBLE OVER THE COUNTER (OTC) MEDICATION AUTHORIZATION FORM
TO BE COMPLETED BY PARENT

Child's Name: _____ Date of Birth: _____

Program Name: _____ Today's Date: _____

I give permission for the administration of 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 (OTC) medication:

The OTC medication must be brought to the ECE or Child Care facility by the parent, must be in its original container with a legible label and expiration date, and the child's name should be written on the original container

Special handling/storage instructions: _____

Refrigeration required? Y/N

Parent/Guardian Signature: _____

This document must be updated on an annual basis.

For Office Use Only:

Unused Medication: Returned to Parent? Y/N or Discarded Appropriately? Y/N

Employee Signature: _____ Today's Date: _____

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