



Over-the-Counter Medication Form

Name _____

Date _____

I give permission for Aunty's Place Early Learning & Child Care Center, LLC to use the following over the counter or external preparations as needed according to the directions for use on the container. Note: If the directions for use are not specific on the container, (such as Tylenol for a child under the age of 2), I will need a physician's note with the appropriate dosage.

Items are supplied by the licensed facility. All must be in the original container clearly labeled.

- * () Acetaminophen
- * () Ibuprofen
- * () Benadryl
- * () Baby Wipes
- * () Baby Lotion
- * () Melatonin
- * () Daily children's multivitamin/Vit C
- * () Sunscreen
- * () Insect Repellent
- * () Band-Aids
- * () Neosporin or similar Ointment
- * () Bactine or similar First Aid Spray

Parent Signature _____

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