**MEDICATION PERMISSION   
for External, Over-the-Counter Products**

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

All over-the-counter (OTC) products need parental permission for administration. Some of these external products do not need to be documented every time they are used. The following is a list requiring a general, one-time only parental permission.

The following external products may be applied to my child in accordance with the manufacturers’ instructions on the original container. Unless otherwise indicated, I understand that *I must provide the Center with these products* in the original container. I must also write my child’s first and last name on the original container. Please check all that may be applied to your child, with your permission.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **Yes** | **Product** | **No** | **Yes** | **Product** |
|  |  | Adhesive Tape |  |  | Diaper Wipes |
|  |  | Antiseptic and Burn Ointments |  |  | Hydrogen Peroxide |
|  |  | Antiseptic Wipes |  |  | Insect Repellents\*\*\* |
|  |  | Baby Lotion |  |  | Ipecac Syrup |
|  |  | Baby Oil |  |  | Itching Creams |
|  |  | Band Aids |  |  | Rash Ointments |
|  |  | Diaper Ointment |  |  | Sunscreen\*\* |
|  |  | Other: |  |  | Other: |

\*Baby powder will not be used due to inhalation hazards.   
\*\* Sunscreen: The Center will provide one brand with SPF 30 or greater for use by all children. Each classroom will have a   
 parent permission form to sign in early summer. It will indicate the brand of sunscreen to be used.

\*\*\*Insect Repellants: As a general rule, insect repellants will not be used. If the insects are bad while the children are   
 outside, they will be brought back inside. Repellants may be used for a field trip. In this case, you will be asked   
 to sign a permission form for each individual field trip.

**Does your child suffer from food allergies? Yes No**

**Does your child have a reaction to insect bites? Yes No**

**Please explain what needs to be done in these instances:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Please do not use the following brands/products on my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*A copy of this form will be kept in each classroom to inform staff of what products a child is authorized to use. The original will be kept in the office. Parents have the right to add or delete from this list at any time by contacting a staff person or the director.*