

**NON-PRESCRIPTION MEDICATION RECORD**

I hereby authorize \_\_\_\_\_, my child's Care Provider, to use the following products on my child according to manufacturer or physician's written instructions. I will not hold the above name Provider liable for any allergic reactions or other symptoms when the products are used in accordance with these terms.

Parent's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_ (to be reviewed annually)

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**Please remember you will be responsible to supply the following products. However, as both a daycare provider and mother, I often have similar products on hand, which I might use periodically. (Please circle Yes or No and put specific brand name where needed)**

***Baby Wipes***

YES ~ NO Brand: \_\_\_\_\_ Comments: \_\_\_\_\_

***Diaper Ointments***

YES ~ NO Brand: \_\_\_\_\_ Comments: \_\_\_\_\_

***Baby Lotion***

YES ~ NO Brand: \_\_\_\_\_ Comments: \_\_\_\_\_

***First Aid Ointments***

YES ~ NO Brand: \_\_\_\_\_ Comments: \_\_\_\_\_

***Vaseline***

YES ~ NO Brand: \_\_\_\_\_ Comments: \_\_\_\_\_

***Insect Repellent***

YES ~ NO Brand: \_\_\_\_\_ Comments: \_\_\_\_\_

***Sunscreen***

YES ~ NO Brand: \_\_\_\_\_ Comments: \_\_\_\_\_

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**The following medicines would only be used in extreme emergencies. Ongoing administration would require you to fill out a "Medication Release Form" for each incident.**

***Benadryl***

YES ~ NO Brand: \_\_\_\_\_ Comments: \_\_\_\_\_

***Acetaminophen***

YES ~ NO Brand: \_\_\_\_\_ Comments: \_\_\_\_\_

***Ibuprofen***

YES ~ NO Brand: \_\_\_\_\_ Comments: \_\_\_\_\_