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 day care facility from the parent;
• The OTC medication must be in its original container, with a legible label, and expiration date of medication;
• The child’s name must be on the original container

Special handling/storage Instructions____________________________________________________Refrigeration Y/N

Parent/Guardian Signature (required)__________________________________________________________________

* This document must be updated on an annual basis.

Unused Medication: Returned to Parent Y/N or Discarded Appropriately (circle one)
By: ________________________________ Date _____/_____/_______

*Keep in the child’s file when medication is finished.