

Medical Authorization for Non-Prescribed Medications

Child's Name: _____

All over the counter medications including topical substances shall be in the original container and labeled with the child's name. My child may be given non-prescribed medication. This may include the following:

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|----------------------|--|----------------------|--|
| Acetaminophen | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ibuprofen | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Antibiotic cream | <input type="checkbox"/> Yes <input type="checkbox"/> No | Insect Repellent | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Antihistamine | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lip Balm | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Antiseptic wipes/gel | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rash Ointment/Cream | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Baby Lotion | <input type="checkbox"/> Yes <input type="checkbox"/> No | Saline Nose Drops | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Baby Oil | <input type="checkbox"/> Yes <input type="checkbox"/> No | Shampoo | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Baby Powder | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sunburn Ointment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cough Syrup | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sunscreen | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diapering Ointment | <input type="checkbox"/> Yes <input type="checkbox"/> No | Teething medications | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diaper Wipes | <input type="checkbox"/> Yes <input type="checkbox"/> No | Toothpaste | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hydrocortisone | <input type="checkbox"/> Yes <input type="checkbox"/> No | Petroleum Jelly | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Other:

PARENT/GUARDIAN SIGNATURE

DATE