

# 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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**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.