

CONSENT FOR NON-PRESCRIPTION MEDICATION



Child's Name: _____

I hereby give New Creations Child Care and Learning Center to apply any of the following external preparations that are checked, in accordance with the directions for use on the appropriate container. All preparations must be in original container and must not be expired.

_____ Soap

_____ Diaper Ointments

_____ Baby Wipes

_____ Teething Gel

_____ Baby Lotion

_____ Baby Oil

_____ Sunscreen

_____ Bug Spray

_____ Hand Sanitizer

_____ Neosporin / Other First Aid Creams

_____ Tylenol**

_____ Ibuprofen**

**For Tylenol and Ibuprofen, a Medication Authorization Form must be filled out each time.

Parent / Guardian Signature:

Date