

**OTC Medication Form**  
(OVER THE COUNTER MEDICINE FORM)

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

I hereby give \_\_\_\_\_ permission to apply or give one or more of the following over the counter medications or external preparations, in accordance with the directions for use on the container:

Tylenol\*

Baby Wipes\*

Band-Aids

Neosporin, Bacitricin, or similar ointment

Bactine or similar first aid spray

Sunscreen\*

Insect Repellent\*

Non-Prescription Ointment (Such as A & D, Desitin, Vaseline)\*

Powder\*

Baby Lotion\*

\*Other: (please specify) \_\_\_\_\_

Specify frequency and duration of use: \_\_\_\_\_

\_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

**Note: If the instructions for administering the medication, cream, etc. are not printed on the container (such as with Tylenol for children under 2), then I need a form from the child's doctor indicating the appropriate dosage to be given.**

I hereby request that "Lana's Dwarfs" staff administer one or more of the above over the counter medications or external preparations in accordance with the directions on the container as needed.

This consent is valid from today until \_\_\_\_/\_\_\_\_/\_\_\_\_

I may withdraw this request at any time.

I release "Lana's Dwarfs" staff from any liability for administering these preparations.

Parent(s) \_\_\_\_\_ Date \_\_\_\_\_

\* Denotes items to be supplied by parents if use is requested.