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:

Antibiotic Cream	☐ Yes	☐ No
Antihistamine	☐ Yes	☐ No
Antiseptic wipes/gel	☐ Yes	☐ No
Lotion	☐ Yes	☐ No
Lip Balm	☐ Yes	☐ No
Sunscreen	☐ Yes	☐ No
Essential Oils	☐ Yes	☐ No
Acetaminophen	☐ Yes	☐ No
Ibuprofen	☐ Yes	☐ No

Other:____

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Parent/Guardian Signature Date