

Kid Time Cares

Over-the-Counter Medication Form

Child's Name: _____ Date: _____

I give permission to Kid Time Cares, to administer the following over-the-counter or external preparations as needed according to the directions for use on the container in the event they are needed. Parent/guardian will be contacted prior to administration.

Note: If the directions for use are not specific on the container, such as Tylenol for a child under the age of 2, a physician's note with the appropriate dosage is required.

*Denotes items that must be supplied by parent/guardian. All must be in the original container clearly labeled with the child's name.

Tylenol (acetaminophen) * Yes No

Motrin (ibuprofen) * Yes No

Benadryl (diphenhydramine) * Yes No

Baby Wipes* Yes No

Diaper Cream * Yes No

Sunscreen * Yes No

Bandaids Yes No

Neosporin (antibiotic cream) Yes No

Bactine or similar first aid spray (antiseptic spray) Yes No

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

Date: _____

This consent form is valid for one year from date signed.

Review signature: _____ Date: _____

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