



Over-The-Counter Medication
Consent Form

Child's Name _____ DOB _____

Parent's Name _____ Date _____

Please sign consent for any of the following items that you wish The Olde Schoolhouse Daycare to administer to your child. Please sign each medication separately and specify where to apply/how often.

OTC Topical Name	Where To Apply	How Often	Parent Signature
Diaper Ointment			
Lotion			
Sunscreen			
Insect Repellent			
First Aid Cream/Ointment			
Lip Balm / Chapstick			

Please note that this form expires 6 months from the date signed. Also, you must supply any Over-The-Counter topicals to be applied to your child and it must be labeled with the child's first name and last name. All products past their expiration date will be discarded.

For Office Use Only:

Expiration Date of Form: _____

Office Signature: _____

*** Note* Check all sunscreens for "NUT" oils. Check all ointments for expiration dates.**