

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.

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| _____ 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: _____