

PERMISSION FOR NON-PRESCRIPTION MEDICATION

I _____ hereby give my permission for Sherri L. Lee and/or assistant of Little Handz Childcare to give my son/daughter, _____

_____ the following non-prescription medication if needed.

ANTIHISTAMINES

NON-ASPIRIN ANTIPYRETICS/ANALGESICS

NON-ASPIRIN FEVER REDUCERS/PAIN RELIEVERS

NON-NARCOTIC COUGH SUPPRESSANTS DECONGESTANTS

ANTI-ITCHING OINTMENTS OF LOTIONS, INTENDED SPECIFICALLY TO RELIEVE ITCHING

DIAPER OINTMENTS AND POWDER, INTENDED SPECIFICALLY USE IN THE CHILD'S DIAPER AREA

SUNSCREENS

FIRST AID OINTMENTS, CREAMS AND SPRAYS DESIGNED TO RELIEVE THE PAIN AND PROTECT MINOR INJURIES

I understand that these medications are only to be applied according to the dose, duration, and method of administration specified on the manufactures label for the age/weight of my child.

I WISH TO EXCLUDE THE FOLLOWING MEDICATIONS FROM THE ABOVE LIST:

_____	_____
_____	_____
_____	_____

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE
