Non-Prescription/External Preparation

Child's Name:_____ Date:_____

DOB:_____ Age Today:_____

Height:_____ Weight:_____

Eye color:_____ Hair Color:_____

I hereby give Stacy Hinton/Staff of Little Friends Daycare my permission to apply or give my child one or more of the following over the counter medications, external preparation in accordance with the directions for use in the containers they come in

( ) * Baby wipes

( ) Band Aids

( ) Neosporin, Bacitricin or other similar ointments

( ) *A & D , Destine, Vaseline - Other similar ointments

( ) *Children's Tylenol, Motrin, other fever reducers

( ) *Children's cough medicine

( ) * Sunscreen On warm days please apply Sunscreen to your child in the morning

* Other Please specify:_____

Items with * are parent supplied

I hereby authorize Stacy Hinton/Staff of Little Friends Daycare to administer one or more of the above external preparations and medicationss with the directions for use on the container on an as need basis. I release Stacy Hinton/Staff of Little Friends Daycare from any liability for administering these preparations/medications. I understand I will be told about any medications given to my child as they occur.

Parents signature:_____ Date:_____

Parents signature:_____ Date:_____

Providers signature:_____ Date:_____