

OVER-THE-COUNTER MEDICATION FORM

As required by the Department of Social Services, please let it be known that:

I authorize my child, _____, to be given any of the following over-the-counter medication(s), as needed, only when properly signed in on the Medicine Sign-In Sheet (located on the front of the refrigerator/freezer door in the kitchen). Any and all medications will ONLY be given when specified and signed in by the parent/guardian and must be signed in on a DAILY basis.

Dosage must be consistent to what is specified on the original bottle/container, as appropriate for your child. NO EXCEPTION without a signed physician's note!

Please circle all over-the-counter medications that you allow for your child:
(CHILDRENS' FORMULA ONLY)

Tylenol Motrin Benadryl Robitusson PediaCare

Other (please specify): _____

Other (please specify): _____

Additionally, as needed, for any minor scrapes, I authorize the following (please circle):

Neosporin Creme/Ointment Triple Antibiotic Creme/Ointment

First Aid Creme/Ointment Lotion or Vaseline for dry skin

Plus, I authorize SUNSCREEN application for my child, as needed (please circle):

YES NO

I understand that it will be my responsibility to inform the staff of Petite Sorbonne Preschool of any changes, as needed.

Signed: _____ Printed Name: _____

Relationship to child: _____ Date: _____

(This form to be kept in child's file indefinitely, per Department of Social Services)