

# Medical Authorization for Non-Prescribed Medications

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Child's Name: \_\_\_\_\_

All over the counter medications including topical substances shall be in the original container and labeled with the child's name. My child may be given non-prescribed medication. This may include the following:

Acetaminophen  Yes  No

Antibiotic cream  Yes  No

Antihistamine  Yes  No

Antiseptic wipes/gel  Yes  No

Baby Lotion  Yes  No

Baby Oil  Yes  No

Baby Powder  Yes  No

Cough Syrup  Yes  No

Diapering Ointment  Yes  No

Diaper Wipes  Yes  No

Hydrocortisone  Yes  No

Ibuprofen  Yes  No

Insect Repellent  Yes  No

Lip Balm  Yes  No

Rash Ointment/Cream  Yes  No

Saline Nose Drops  Yes  No

Shampoo  Yes  No

Sunburn Ointment  Yes  No

Sunscreen  Yes  No

Teething medications  Yes  No

Toothpaste  Yes  No

Petroleum Jelly  Yes  No

Other:

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PARENT/GUARDIAN SIGNATURE

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DATE