



**FAMILIES FIRST  
CHILD CARE**  
DIRECTOR: BRENDA PROFITT  
255 OLSEN ROAD  
BOARDMAN OREGON  
541-771-1554

## OTC Medication Form

(Over The Counter Medicine Form)

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

I hereby give \_\_\_\_\_ permission to apply or give one or more of the following over the counter medications or external preparations, in accordance with the directions for use on the container:

- Baby Wipes\*
- Neosporin, Bacitracin, or similar ointment\*
- Bactine or similar first aid spray\*
- Sunscreen\*
- Insect Repellent\*
- Non-Prescription Ointment (Such as A & D, Desitin, Vaseline)\*
- Powder\*
- Baby Lotion\*
- \*Other: (please specify) \_\_\_\_\_

Specify frequency and duration of use: \_\_\_\_\_

\_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Note: If the instructions for administering the medication, cream, etc. are not printed on the container (such as with Tylenol for children under 2), then we need a form from the child's doctor indicating the appropriate dosage to be given.

I hereby request that \_\_\_\_\_ administer one or more of the above over the counter medications or external preparations in accordance with the directions on the container as needed. This consent is valid from today until \_\_\_\_\_. I may withdraw this request at any time. I release Families First Child Care Center from any liability for administering these preparations.

Mother: \_\_\_\_\_ Date \_\_\_\_\_



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Father \_\_\_\_\_ Date \_\_\_\_\_

\* Denotes items to be supplied by parents if use is requested.