

# 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:

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|----------------------|--|----------------------|--|
| Acetaminophen        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ibuprofen            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Antibiotic cream     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Insect Repellent     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Antihistamine        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lip Balm             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Antiseptic wipes/gel | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rash Ointment/Cream  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Baby Lotion          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Saline Nose Drops    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Baby Oil             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Shampoo              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Baby Powder          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sunburn Ointment     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cough Syrup          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sunscreen            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diapering Ointment   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Teething medications | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diaper Wipes         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Toothpaste           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hydrocortisone       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Petroleum Jelly      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Other:

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PARENT/GUARDIAN SIGNATURE

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DATE