

The Younger Years Preschool & Daycare Non-Prescription Medication Permission



Child's Name: _____

I authorize The Younger Years Preschool & Daycare to administer the following products on an as needed or as directed basis, in accordance with the manufacturer's directions.

Baby Wipes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Baby Lotion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anti-Bacterial Ointments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vaseline	<input type="checkbox"/> Yes <input type="checkbox"/> No
Band-aids	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diaper Ointments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sunscreen	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insect Repellent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anti-Itch Cream	<input type="checkbox"/> Yes <input type="checkbox"/> No
Acetaminophen (Provided by Parent)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Decongestant (Provided by Parent)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ibuprofen (Provided by Parent)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough Syrup (Provided by Parent)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Antihistamine (Provided by Parent)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Syrup of Ipecac (Emergency Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No



List any other **non-prescription** medications that you authorize application of:

Parent/Guardian Signature

Printed Name

Relationship to Child

Date

