



OUR SAVIOR EARLY LEARNING CENTER

OVER THE COUNTER MEDICATION PERMISSION FORM

Child's Name: _____

Our savior early learning center HAS MY PERMISSION TO USE THE FOLLOWING MEDICATIONS. THIS LIST INCLUDES ONLY OVER-THE-COUNTER MEDICATIONS NOT REQUIRING A SPECIFIC DOSAGE. (TYLENOL, MOTRIN, ETC. MAY NOT BE ADDED TO THIS LIST). THESE MEDICATIONS WILL BE USED ACCORDING TO THE MANUFACTURER'S INSTRUCTIONS UNLESS DIRECTED OTHERWISE BY A WRITTEN PHYSICIAN'S PERMISSION. **Please check all that apply below.**

children ages 6 weeks through five years of age

- Baby Wipes
- Skin Lotion
- Desitin
- Lotrimin
- Vaseline
- A&D ointment
- Sunscreen
- Hand Sanitizer
- Other: _____
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****PLEASE NOTE THAT YOU MUST PROVIDE WRITTEN PERMISSION TO HAVE OSEL C STAFF ADMINISTER ANY MEDICATIONS TO YOUR CHILD. ALL MEDICATIONS MUST BE IN THEIR ORIGINAL CONTAINERS AND LABELED WITH YOUR CHILD'S FIRST AND LAST NAME.**

PARENT NAME: _____

PARENT SIGNATURE: _____

DATE: _____

