



# 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
- BABY LOTION
- DESITIN
- LOTRIMIN
- VASELINE
- A&D OINTMENT
- BABY POWDER
- INSECT REPELLENT
- SUNSCREEN
- HAND SANITIZER
- OTHER: \_\_\_\_\_

**\*\*PLEASE NOTE THAT YOU MUST PROVIDE WRITTEN PERMISSION TO HAVE OSELK 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: \_\_\_\_\_