

# CONSENT FOR NON-PRESCRIPTION MEDICATION



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

I hereby give New Creations Child Care and Learning Center to apply any of the following external preparations that are checked, in accordance with the directions for use on the appropriate container. All preparations must be in original container and must not be expired.

- |                   |                        |
|-------------------|------------------------|
| _____ Soap        | _____ Diaper Ointments |
| _____ Baby Wipes  | _____ Baby Oil         |
| _____ Baby Lotion | _____ Bug Spray        |
| _____ Sunscreen   | _____ Hand Sanitizer   |

\_\_\_\_\_  
Parent / Guardian Signature:

\_\_\_\_\_  
Date

## YEARLY ACKNOWLEDGEMENT

_____ Parent Initial	_____ Date
_____ Parent Initial	_____ Date
_____ Parent Initial	_____ Date
_____ Parent Initial	_____ Date
_____ Parent Initial	_____ Date