

# NON-PRESCRIPTION MEDICATION RECORD

Childs Name: \_\_\_\_\_

I hereby authorize The Learning Garden, to use the following products on my child according to manufacturer or physician's written instructions. I will not hold The Learning Garden liable for any allergic reactions or other symptoms when the products are used in accordance with these terms.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This will be reviewed annually.

Please remember you will be responsible to supply and label the following products with your child's name.

Yes No

( ) ( ) Baby Wipes Brand: \_\_\_\_\_

( ) ( ) Diaper Ointment Brand \_\_\_\_\_

( ) ( ) Baby Lotion Brand: \_\_\_\_\_

( ) ( ) First Aid Ointments Brand: \_\_\_\_\_

( ) ( ) Vaseline Brand: \_\_\_\_\_

( ) ( ) Insect Repellent Brand: \_\_\_\_\_

( ) ( ) Sunscreen Brand: \_\_\_\_\_

Comments: \_\_\_\_\_

**The following medicines would only be used in extreme emergencies. Ongoing administration would require you to fill out a "Authorization for Dispensing Medication Form" for each incident.**

Yes No

( ) ( ) Benadryl Brand: \_\_\_\_\_

Comments: \_\_\_\_\_

( ) ( ) Acetaminophen Brand \_\_\_\_\_

Comments: \_\_\_\_\_

( ) ( ) Ibuprofen Brand: \_\_\_\_\_

Comments: \_\_\_\_\_