



Authorization of Non-Prescription Products

Form provided by the Health Consultant Team at Child Care Aware® of North Dakota

Name of child: _____ Date of Birth: _____ Age: _____

Parent(s) or guardian(s) name: _____

Program/provider's name: _____

All over-the-counter (OTC) products require written parental permission on a yearly basis. The following may be OTC product may be applied to my child in accordance with the manufacturer's instructions on the original container:

Note: This form cannot be used for over-the-counter medications such as Tylenol, Motrin, Benadryl, etc. Please refer to "Authorization for Non-prescription Medications" for over-the-counter medications.

Please fill out completely and print clearly

Type of Product	Brand Name
<input type="checkbox"/> Diaper ointment/cream	
<input type="checkbox"/> Skin Lotion	
<input type="checkbox"/> Lip Balm	
<input type="checkbox"/> Sunscreen (for child over 6 months) Use No Sunscreen Form if you do not want sunscreen used on this child.	
<input type="checkbox"/> Insect Repellent (for child over 2 months) Use No Insect Repellent Form form if you do not want insect repellent used on this child	
<input type="checkbox"/> Antibacterial first aid ointment	
<input type="checkbox"/> Toothpaste	

Parent(s) or guardian(s) name: _____

Signature of parent/guardian: _____

Date: _____

Please note: This form needs to be updated on a yearly basis.