

# Authorization of Non-Prescription Products

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 <b>No Sunscreen Form</b> if you do not want sunscreen used on this child.	
<input type="checkbox"/> Insect Repellent (for child over 2 months) Use <b>No Insect Repellent Form</b> form if you do not want insect repellent used on this child	
<input type="checkbox"/> Antibacterial first aid ointment	
<input type="checkbox"/> Hand Sanitizer	
<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.*

Form provided by Child Care Aware® of North Dakota Health Consultants.

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