

OTC Medication Form
(Over the Counter Medicine Form)

Child's/Children's Name(s): _____

Date _____

I hereby give **Happy Orchard Daycare LLC** permission to apply or give one or more of the following over the counter medications or external preparations, in accordance with the directions for use on the container:

Tylenol

Baby Wipes (type if special kind) _____

Sunscreen: *Ours*

*from
home*

Insect Repellent

Diaper rash Ointment (Such as A & D, Desitin, Bag Balm,
Butt _____ paste) _____ Preference

Baby Lotion _____

*Other: (please specify) _____

Special Instructions: (Any Allergies to medication).

I hereby request that **Happy Orchard Daycare LLC** administer one or more of the above over the counter medications or external preparations in accordance with the directions on the container as needed.

This consent is valid from today until **Further notice**. I may withdraw this request at any time.
I release **H.O.D.C** from any liability for administering these preparations.

Parent: _____ Date _____