

NON-PRESCRIPTION MEDICATION RECORD

Childs Name: _____

Date: _____

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.

Parents are responsible for providing the following items. All items must be in the original container and clearly labeled with the child's name.

Please circle yes or no and add a brand name where necessary.

Baby Wipes

Yes No Brand: _____ Comments: _____

Diaper Ointment

Yes No Brand: _____ Comments: _____

Baby Lotion/Powder

Yes No Brand: _____ Comments: _____

Sunscreen

Yes No Brand: _____ Comments: _____

Insect Repellent

Yes No Brand: _____ Comments: _____

First Aid Ointments

Yes No Brand: _____ Comments: _____

Children over the age of Two:

Benadryl, Motrin, and Tylenol are kept here at The Learning Garden for extreme emergencies and will only be given with parent authorization.

Any ongoing administration of medications would require you to fill out a "Authorization for Dispensing Medication Form" for your child with a doctors authorization. Refer to Medication Policy.

Parent's Signature: _____ Date: _____

Director Signature: _____ Date: _____

Assistant Director Signature: _____ Date: _____