

## NON-PRESCRIPTION MEDICATIONS CONSENT FORM

Summit Early Learning Center, Inc.

Minneapolis, MN 55405

Phone: 612-377-9011

Fax: 612-977-0168

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

I, \_\_\_\_\_, give Summit Early Learning Center permission to apply the following external preparations that are initialed, in accordance with the directions for use on the container.

\_\_\_\_\_ Soap

\_\_\_\_\_ Lotion

\_\_\_\_\_ Vaseline

\_\_\_\_\_ Sunscreen (Parents must provide; container must be labeled with child's name and date)

\_\_\_\_\_ Insect Repellent (Parents must provide; container must be labeled with child's name and date)

\_\_\_\_\_ Non-Prescription ointment, such as "Destin" (Parent must provide; container must be labeled with child's name and date)

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

In Addition:

I understand that a licensed health care provider needs to provide written instructions for the following items. These items must be labeled with the child's first and last name, along with the current date.

\_\_\_\_\_ Benadryl

\_\_\_\_\_ Other \_\_\_\_\_

**Please note** – we DO NOT control fevers in the child-care setting. Children with fevers must remain home. When children develop a fever while in care, parents are called to pick them up as soon as possible.

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

### MEDICATION LOG

(Office Use Only)

Date	Name of Medication	Amount Given	Time Given	Staff Initials