

## Non-Prescription Medication Form

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

I hereby give permission to the University Child Care Center to administer the over-the-counter items listed below in accordance with the directions for use listed on the containers.

Specify name brand.

Sunscreen spray—as needed through 8/1/2023 \_\_\_\_\_

Sunscreen stick —as needed through 8/1/2023 \_\_\_\_\_

Insect Repellent —as needed through 8/1/2023 \_\_\_\_\_

Insect repellent/sunscreen combo —as needed through 8/1/2023  
\_\_\_\_\_

Diaper/Skin Cream—as needed through 8/1/2023 \_\_\_\_\_

\*I release the above named daycare and its providers from any liability from administering these products.

Parent Signature/Date \_\_\_\_\_

Parent Signature/Date \_\_\_\_\_

**All items must be supplied by parents if use is requested. All items must be provided in the original container clearly labeled with the child's name.**