



I, _____, parent of _____ recognizing that non-prescription or over the counter medication could be dispensed to my child only with parental consent **and** physician authorization, **allow** Diplotots Child Development Center to dispense, **in case of need**, the non-prescription medications listed below. All medication must be provided by the parent. Any other non-prescription medication besides the ones listed below must be in its original container and be accompanied by a signed consent form with the medication name added. The application and dosage must be given according to the label recommendation for the child's age and weight.

Please mark appropriate line(s):

_____ Acetaminophen (Tylenol or generic brand)

_____ Ibuprofen (Motrin, Advil or generic brand)

_____ Benadryl

_____ Hydrocortisone cream (1/2 %)

_____ Sunscreen – specify brand _____

_____ Orajel

_____ Other _____

Signature of Parent* _____ Date: _____

Signature of Physician _____ Date: _____

Telephone number of Physician _____

* This signature also gives an administrator at Diplotots Child Development Center permission to contact the physician if need arises