

PERMISSION TO ADMINISTER Over the Counter Products



Child's Name: _____

I hereby give/withhold my permission for Sterling Christian Day School, my child's daycare provider, to administer the following non-prescription items:

YES	NO	PRODUCT	COMMENTS
_____	_____	Diapering Products	_____
_____	_____	Insect Repellant	_____
_____	_____	Sunscreen	_____
_____	_____	Pain Relievers	_____

Please list any known adverse reactions (if any) to the above products - if none, write "N/A"

Specific Instructions on Applying Product

Product Name: _____ Instructions: _____

Product Name: _____ Instructions: _____

All OTC Products MUST:

- ❖ Be provided by the parent.
- ❖ Be in the original container labeled with the child's name.
- ❖ Not be used beyond the expiration date of the product.

Parent/Guardian Signature: _____ Date: _____