

LMUMCC - Non-Prescription Medication Form

Child's Name _____ Date _____

I hereby give permission to LMUMCC Preschool to administer the over-the-counter preparations listed below in accordance with the directions for use listed on the container.

Specify Brand Name, Frequency, and duration of use. Baby Wipes

Ointment (eg. Desitin, Vaseline, etc.)

Baby Powder Sunscreen Insect Repellent Other

I release LMUMCC Preschool from any liability from administering these products. 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.

Parents Signature: _____ Date: _____

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