

PERMISSION TO ADMINISTER
OVER THE COUNTER MEDICATION

Child's Name: _____

Age: _____

Providers Choice:

- Sunblock/Lotion
- Diaper Cream
- Burn/Insect Bite Spray
- Insect Repellent
- Congestion
- Fever
- Diarrhea
- Vomiting
- Upset Stomach
- Headache

Brand Name:

Parent's Signature _____

Date _____

Doctor's Signature _____

Date _____

Provider's Notes: