



BOHRN TO ACHIEVE
Childcare & Preschool
Over-the-counter Medication Form

Child's Name: _____ Date _____

I hereby give BOHRN TO ACHIEVE authorized staff permission to apply or give one or more of the following over the counter medications or external preparations, in accordance with the directions for use on the container:

- Tylenol or Motrin*
- Baby Wipes*
- Band-Aids
- Neosporin, Bacitricin, or similar ointment
- Bactine or similar first aid spray
- Sunscreen*
- Insect Repellent
- Non-Prescription Ointment (Such as A & D, Desitin, Vaseline)*
- Powder*
- Baby Lotion*
- *Other: (please specify) _____

Specify frequency and duration of use: _____

Special Instructions: _____

I hereby request that BOHRN TO ACHIEVE authorized staff administer one or more of the above over the counter medications or external preparations in accordance with the directions on the container as needed. This consent is valid from today until one year from today's date. I may withdraw this request at any time.

I release _____ from any liability for administering these preparations.

Mother / Father: _____ Date _____

Legal Guardian: _____ Date _____

* Denotes items to be supplied by parents if use is requested.