

NON-PRESCRIPTION MEDICATION AUTHORIZATION

All over-the-counter (OTC) products need parental permission for administration. However, some of these external products do not need to be documented every time you use them. The following is a list requiring parental permission only.

TO BE COMPLETED BY PARENT

Child's Name	Date of Birth (mm/dd/yyyy)
Program Name Jack & Jill Early Childhood Learning	Today's Date (mm/dd/yyyy)
The following external products may be applied to my child with the manufacturer's instruction on the original contained	
🗌 Diaper Wipes	
Diaper Creams/Ointments	
Skin Lotions/Creams/Vaseline Specify if particular	brand
Baby Oil (baby powder is not recommended due to inh	nalation hazards
Soap Specify if particular brand	
Sunscreen Specify if particular brand	
Insect Repellents Specify if particular brand	
🗌 Lip Balm	
Chemical Hand Sanitizers	
🔲 Toothpaste (an internal product, but falls under this o	category)
Other Please Specify	
NOTE: Teething gels are considered OTC medications r need to be used with extreme caution. They have been	

choking hazard.

Keep this form in the child's file when medication is completed.

X	PARENT/GUARDIAN	SIGNATURE REQUIRED

Signature of Parent/Guardian

Date

The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

OFFICE USE ONLY	St. Anthony	Blaine
UNUSED PRODUCTS:	2812 Anthony Ln. S, #400 St. Anthony, MN 55418	11870 Ulysses St. NE, #100 Blaine, MN 55434
Returned to Parents OR Discarded Appropriately	612.455.8955 (office) 763.757.2942 (fax)	763.784.1451 (office) 763.757.2942 (fax)
By Date (mm/dd/yyyy)	www.jackandjilledu.com	info@jackandjilledu.com