

PERMISSION TO ADMINISTER
OVER THE COUNTER MEDICATION

Child's Name: _____

Age: _____

Providers Choice:

Brand Name:

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

Permission to administer over the counter medication when needed, as well as written authorization, is given to a representative of The Blue Kangaroo Day School for my child,
_____.

Parent's Signature _____

Date _____

Doctor's Signature _____

Date _____

Provider's Notes: