



NON-PRESCRIPTION MEDICATION RECORD

I hereby authorize Anna Winders/Winders Wee Care, my child's Care Provider, to use the following products on my child according to manufacturer or physician's written instructions. I will not hold the above name Provider liable for any allergic reactions or other symptoms when the products are used in accordance with these terms.

Parent's Signature: _____

Parent's Signature: _____

Provider's Signature: _____

Child's Name: _____

Date: _____ (to be reviewed annually)

Please remember you will be responsible to supply the following products. However, as both a daycare provider and mother, I often have similar products on hand, which I might use periodically. (Please circle Yes or No and put specific brand name where needed)

Baby Wipes

YES ~ NO Brand: _____ Comments: _____

Diaper Ointments

YES ~ NO Brand: _____ Comments: _____

Baby Lotion

YES ~ NO Brand: _____ Comments: _____

First Aid Ointments

YES ~ NO Brand: _____ Comments: _____

Vaseline

YES ~ NO Brand: _____ Comments: _____

Insect Repellent

YES ~ NO Brand: _____ Comments: _____

Sunscreen

YES ~ NO Brand: _____ Comments: _____

The following medicines would only be used in extreme emergencies. Ongoing administration would

require you to fill out a "Medication Release Form" for each incident.

Benadryl

YES ~ NO Brand: _____ Comments: _____

Acetaminophen

YES ~ NO Brand: _____ Comments: _____

Ibuprofen

YES ~ NO Brand: _____ Comments: _____