



Non-Prescription Authorization Medication Form

I hereby give permission to Giggles N' Tots LLC to administer the over-the-counter medication/items. I confirm that I have given or applied at least one dose of medication without any evidence of side effects or adverse reactions. I understand that is my responsibility to provide the medication in its original container.

Name of Child _____ Date _____

Specify brand name, and frequency.

Baby Wipes: _____

Diaper Ointments: _____

Sunscreen: _____

Insect Repellent: _____

Over-the-Counter Medications: _____

Suggested times of medication: _____

Describe any side effects the medication may have: _____

Suggestions to make the administration of medicine to my child easier: _____

I understand that is my responsibility to pick up the medicine daily from the daycare.

Parent's signature _____ Print _____ Date _____

I have received and understood the information provided. I will make sure that the right child receives the right medication, in the right dose, at the right time and by the right method as directed above.

Signature of Giggles N' Tots LLC Director _____ Date _____