



Non-Prescription Medication Form

Child's Name: _____

I hereby give permission for **CAPS Care** to administer the over-the-counter medication/preparations listed below in accordance with the directions listed on the container.

Specify the name brand, frequency, and duration of use.

Baby Wipes:

Ointment (Desitin, Vaseline, etc.):

Baby Powder:

Medication:

Sunscreen:

Other (please specify):

* I release the above named daycare provider from any liability from administering these products.

Parent Signature/Date: _____

All items must be supplied by parents if use is requested. All items must be provided in the original container labeled with the child's first and last name.

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