

# Consent for Non-Prescription Medication

***PLEASE NOTE: This form requires a physician's signature for children under two years of age.***

CHILD'S NAME \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_  
(Each child requires a separate form)

I hereby give Peace of Mind Early Education Center permission to apply any of the following external preparations that are checked, in accordance with directions for use on the appropriate container:

- |                                                 |                                                              |
|-------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Soap                   | <input type="checkbox"/> Diaper Ointments (non prescription) |
| <input type="checkbox"/> Baby Wipes             | <input type="checkbox"/> Teething Gel                        |
| <input type="checkbox"/> Baby Lotion            | <input type="checkbox"/> Baby Oil                            |
| <input type="checkbox"/> Sun screen             | <input type="checkbox"/> Bug spray                           |
| <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> Fever reducing medication           |

**Please Note:** Physician signature is required for fever reducing medication such as Tylenol® and Motrin® for all children under the age of two years.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Child's Physician

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Child's Parent/Guardian

**Physician, please indicate proper dosage for any fever reducing medications authorized.**

Name of medication	Child's Weight	Dosage	Physician Initials

Please return this form to:  
 Peace of Mind Early Education Center  
 9025 Tamarack Rd  
 Woodbury, MN 55125

