

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
651-731-9100 fax