

Consent for Non-Prescription Medication

PLEASE NOTE: This form requires a physician's signature for children less than two years of age if we are to give medication.

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 checked="" type="checkbox"/> Soap

<input type="checkbox"/> Baby Wipes

<input type="checkbox"/> Lotion - We use Renew by Melaleuca | <input type="checkbox"/> Diaper Ointments (nonprescription) -which brand(s) do you prefer for your child?

<input type="checkbox"/> Vaseline/lip gloss

<input type="checkbox"/> Sunscreen - Is your child allergic to any brands of sunscreen? If yes, Which brand(s)? |
|--|---|

Please Note: Physician signature is required for fever reducing medication such as Tylenol® and Motrin® for all children under the age of two years. If you would like us to be able to administer fever-reducing medications if your child develops a fever while at Peace of Mind, please have your physician complete the portion below and return with physician's notes and signature. (We do not keep medication on hand for each individual child, but if this form is on file and your child develops a fever, we will call you to receive your permission to give either Tylenol or Motrin, and send the bottle home with you and charge your account.)

Signature: _____ Date: _____
Child's Parent/Guardian

Note: You can complete only the top and submit without physician's signature. We can fax or send to your child's physician IF/WHEN your child needs medication.

Note: Physician signature is required if we are to give fever reducing medication to children under two. You can send this in as needed, or have on file ahead of time. Frequent updating will be requested as your children's weight and age changes.

.....
 Signature _____ Date: _____
Child's Physician

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

Name of medication	Child's Weight	Dosage	Physician Initials
Tylenol			
Ibuprofen			

Please return this form to:
 Peace of Mind Early Education Center
 9025 Tamarack Rd
 Woodbury, MN 55125 651-731-9100 fax