ACADEMIA DE MI ABUELA (AMA):

Non - Prescription Medication Permission

*THIS IS IN ACCORDANCE WITH THE INSTRUCTIONS & FULL PARENT PERMISSION DISCLOSURE FEATURED ON THE CHILD'S "PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS & MEDICATION CHART" AND EXCLUSIVELY FOR ONE MEDICINE APPLICATION PER DAY, REGARDLESS OF CONTENT.

Child's Name: ___________________________

I authorize ____ to
(Provider's name)
administer the following products on an as needed or as directed basis, in accordance with the manufacturer's directions, AND DIRECTIONS LABELED ON THE PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS/MEDICATION CHART, INCLUDING HOMEOPATHIC REMEDIES, (HERBAL & ORGANIC), ORAJEL, EYE DROPS, VITAMINS, ETC.

Baby Wipes	□ Yes □ No	Diaper Ointments	□ Yes □ No
Baby Lotion	□ Yes □ No	Sunscreen	□ Yes □ No
Anti-Bacterial Ointments	□ Yes □ No	Insect Repellent N/A	□ Yes □ No
Vaseline	□ Yes □ No	Baby Wipes	□ Yes □ No
Acetaminophen	□ Yes □ No	Ibuprofen	□ Yes □ No
Band-aids	□ Yes □ No	Anti-Itch Cream	□ Yes □ No
Decongestant N/A	□ Yes □ No	Antihistamine	□ Yes □ No

List any other **non - prescription** medications that you authorize application of:

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Parent / Guardian Signature　Printed Name　Relationship　Date