



# CCCDP- HEAD START OVER THE COUNTER MEDICATION AUTHORIZATION FORM



Child's name: \_\_\_\_\_

This section to be completed by parent/guardian:

I hereby give permission for the administration of the following over the counter non-ingestible medications (check all that apply):

- Sunscreen
- Insect repellent
- Cortisone/Anti-Itch Creams/Ointments
- Chapstick
- OTC Antibiotic Creams/Ointments

\* To administer non-ingestible over the counter medication:

The OTC medication must be brought in by the parent

The OTC medication must be in its original container, with the legible label, and expiration date of medication

The child's name must be on the original container

The Medication Consent Form must be thoroughly completed by parent/guardian

Parent/Guardian Signature (required) \_\_\_\_\_

Date: \_\_/\_\_/\_\_