

**NON-PRESCRIPTION MEDICATION FORM**

Child's Full Name \_\_\_\_\_

I hereby give permission to Maison Kinder to administer the over-the-counter preparations listed below in accordance with the directions for use listed on the container.

I release the above named child care provider from any liability from administering these products.

Specify name brand, frequency, and duration of use.

---

---

---

---

---

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\*All items must be supplied by parents if use is requested. All items must be provided in the original container clearly labeled with the child's name.