

First Baptist Child Development Center  
Authorization of

**NON-PRESCRIPTION MEDICATIONS**

[diaper cream, lotions, sunscreen, bug repellent, teething gel, tummy gas drops, etc]

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize First Baptist Child Development Center to administer the following non-prescription medication to my child whose name is noted above on an as needed basis with the following directions:

Name of medication(s), application and or dosage:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand with signing this authorization that no diaper creams will be able to be applied for more than seven (7) days without a doctor's prescription.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date of Authorization