

## Chai Tots Waiver and Consent Form for OTC Medication

Over-the-Counter (OTC) Medications may at times need to be administered, if approval is indicated by the child's parents or guardians. Please complete the following section to save time if your child needs any of these OTC medications during the year.

Note: Unless we have parental/guardian/ or physician's authorization, we cannot administer ANY OTC medications.

I hereby authorize that the following medications may be given to \_\_\_\_\_ (Child's name) if the need arises. **I have provided the medications indicated below in a clearly labeled** container and understand I will be contacted before any medication is dispensed.

You may dispense only those checked:

### Pain Management/Cold Symptoms

\_\_\_\_\_ Tylenol/Acetaminophen as directed

\_\_\_\_\_ Aspirin/Ibuprofen as directed

\_\_\_\_\_ Benadryl as directed

### Misc.

\_\_\_\_\_ Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites

\_\_\_\_\_ Ointments for minor wound care or first aid as directed. (Antiseptic, anti-itch, antibiotic, sunburn)

\_\_\_\_\_ Calamine lotion for bug bites and poison ivy

\_\_\_\_\_ Sunscreen

\_\_\_\_\_ Other (list any other approved over-the counter drugs, dosage and reason for giving)

Any condition that is associated with fever, significant inflammation, and/ or does not respond to the above outlined treatment will be followed-up by a consultation with the child's parents.

Parent/guardian will be contacted if any condition develops requiring any of the over-the-counter medications not checked, or if the child needs medical treatment.

I authorized the administration of the over-the-counter medications to my child as indicated above. I shall indemnify and hold harmless the Chai Tots Staff against any claims that may arise relating to my child being administered the above indicated over-the-counter medications by the school staff.

I/We have legal authority to consent to medical treatment for the child listed above, including the administration of the over-the-counter medication while at Chai Tots Preschool.

Parent/Guardian Signature: \_\_\_\_\_

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