

Chai Tots Preschool Waiver and Consent Form for Over-The-Counter 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 of OTC medications.

I hereby authorize that the following medications may be given to _____ (Child's name) if the need arises.

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, first aid as directed. (Antiseptic, anti-itch, anti-sting, 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: _____