



# BunnyBears - Non-Prescription Medication Form

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

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

Specify Brand Name, Frequency, and duration of use.

Baby Wipes \_\_\_\_\_

Ointment (eg. Desitin, Vaseline, etc.) \_\_\_\_\_

Baby Powder \_\_\_\_\_

Sunscreen \_\_\_\_\_

Insect Repellent \_\_\_\_\_

Other \_\_\_\_\_

I release BunnyBears Preschool from any liability from administering these products. 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.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_