Use this form for topical non-prescription medications such as sunscreen, diaper cream, lip balm and Vaseline.

Any other medications will need family and doctor authorization forms.

Community United Child Care Centers, Inc
Child Development Centers – Administration Office
1026 E Seerley Blvd, Cedar Falls, IA 50613
(319) 277-7303, (319) 277-0472 fax

NON-PRESCRIPTION MEDICATION RELEASE
(FAMILY AUTHORIZED)
rev 03/15/17

Child's full name: _____ Date med brought to center: _____/_____/_____

Medication: _____ Amount in container: _____

Amount: _____ Time to Administer: _____

Start Date: _____/_____/_____End Date: _____/_____/_____

I give permission to CUCCC to administer medicine as indicated above. **I have administered at least one dose of medicine to my child without adverse effects.**
Parent/Guardian signature: _____ Date: _____/_____/_____

DATE	TIME	MEDICATION	DOSAGE	STAFF INITIALS
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Documentation for non-prescription medication is required only when given to/used on the child. Turn into office after the end date indicated above. Additional sheets can be added to reach the end date without additional health care provider and family signatures.

PD/APD Signature: _____` _____ Date: ____/____/_____

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