

CONSENT TO ADMINISTER OVER THE COUNTER MEDICATION

In the event of a minor cut or scrape, minor itching, bee sting or allergic reaction.

(Please check all that apply)

CHILD'S NAME: _____

_____ I give my permission for my child to be given or applied:

____ Neosporin ____ Hydrocortisone cream (1%)

____ After Bite ____ Liquid Benadryl (1 tsp. 12.5 mg)

____ Sunscreen

_____ I do not give my consent for my child to receive any over the counter medications. Parents or guardians will be notified immediately.

BEGINNING DATE : September 1, 2019 **ENDING DATE:** June 30, 2023

I hereby release Rolling Hills Covenant Church Preschool and the members of the staff who administer the medicine from all responsibility.

Parent/Guardian's Signature

Date