



Consent for Non-Prescription Medications

Date: _____

Child's Name: _____

I hereby give ECSG staff permission to apply any of the following external preparations that are checked in accordance with directions for use on the appropriate container:

Non-prescription ointments such as Desitin, Vaseline, Balmex, Etc.

Fever reducing medications (Tylenol, etc.) with a written standing order from a physician.

Baby Lotion

Sunscreen

Insect Repellent

Other - please specify: _____

Signature of Parent: _____ Date: _____