Authorization for Over-the-Counter Medication

Home-Based Registered Early Childhood Educator | Waterloo, Ontario

Permission

I give permission for my child to have over-the-counter products administered (except where the item is a drug, as defined in the Drug and Pharmacies Regulation Act, prescribed for a child by a health professional).

Over-the-counter products that may be administered may include sunscreen, moisturizing skin lotion, lip balm, insect repellents, hand sanitizer, and diaper cream. These products will be provided by the parent in the original container and labelled with the child's name.

Please note: An option is available for parents to complete a non-prescribed medication form for any over-the-counter medication/cream as outlined above.

☐ Agree ☐ Disagree

Child Information

Child's Name: _____ Child's Date of Birth: _____

Parent Name: _____

Parent Signature (if paper copy is being used): _____

Electronic Consent

If an electronic copy is being submitted, please review and agree to the following electronic consent:

☐ By checking this box electronically, I certify that the information I have provided in this document is true to the best of my knowledge and that I agree to the terms and conditions contained in this document.

Parent/Guardian Name: _____ Date: _____

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