**NON PRESCRIPTION MEDICATION FORM**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby give permission to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**to administer the over the counter preparations listed below in accordance with the directions for use listed on the container.**

* Nappy Cream, e.g. Vaseline, sudocream
* Calpol
* Nurofen (only for very high temperatures)
* Teetha Granules
* Zirtech (antihistamine)
* Arnica (natural cream remedy for bruising)
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Caterpillars Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICINE RECORD**

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| **Date** | **Time** | **Medicine** | **Route** | **1st Signature** | **2nd Signature** |
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