

CATERPILLARS CHILDCARE



NON-PRESCRIPTION FORM

PLEASE COMPLETE ONE FORM PER CHILD

CHILD'S NAME: _____

I, hereby give permission to Caterpillars Childcare to administer the following over the counter medications, in accordance with the dosages indicated on the packaging:

Non-Prescription	Non-Prescription
1. Nappy Cream (e.g., Vaseline/Sudocream)	2. Calpol
3. Nurofen (only for high temperatures)	4. Teetha granules
5. Zirthech (antihistamine)	6. Arnica (natural remedy for bruising)
7. Other:	8. Other:

Date	Time	Medicine	Route	1 st Signature	2 nd Signature

PARENT/GUARDIAN SIGNATURE: _____

CATERPILLARS CHILDCARE SIGNATURE: _____