

# Consent for Non-Prescription Medication

CHILD'S NAME: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_  
(Each child requires a separate form)

I hereby give Footprints Academy permission to apply any of the following external preparations which are checked below, in accordance with directions for use on the appropriate container:

- |  |   |
|--|---|
| <input type="checkbox"/> Sun screen                            | <input type="checkbox"/> Hand Lotion (for dry skin) |
| <input type="checkbox"/> Fever reducing medication             | <input type="checkbox"/> Bug spray                  |
| <input type="checkbox"/> Neosporin (antibacterial ointment)    | <input type="checkbox"/> Other (please specify)     |
| <input type="checkbox"/> Calamine Lotion (mosquito bites, etc) |   |

Signature \_\_\_\_\_  
Child's Parent/Guardian

Date \_\_\_\_\_

Name of medication	Child's Weight	Dosage
	lbs	
	lbs	
	lbs	
	lbs	
	lbs	