



BunnyBears - Non-Prescription Medication Form

Child's Name _____

I hereby give permission to BunnyBears Preschool to administer the over-the-counter preparations listed below in accordance with the directions for use listed on the container.

Specify Brand Name, Frequency, and duration of use.

Baby Wipes _____

Ointment (eg. Desitin, Vaseline, etc.) _____

Baby Powder _____

Sunscreen _____

Insect Repellent _____

Other _____

I release BunnyBears Preschool from any liability from administering these products. All items must be supplied by parents if use is requested. All items must be provided in the original container clearly labeled with the child's name.

Parents Signature: _____ Date: _____

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