

SMITHSONIAN EARLY ENRICHMENT CENTER
NON-PRESCRIPTION MEDICATION PERMISSION FORM

I give my permission for _____ to be given the below listed non-prescription ointments, lotions and creams, as needed and in routine care, with parental consent.

Parent's signature

Date

Please include any brands of topical ointments, creams or lotions (i.e. Desitin, A&D Ointment), that your child may need in the course of routine care. Also include any special directions for the product's use. This **excludes** cough and cold medicines, Tylenol and any other prescription medications.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____