



Standing Order for Non-Prescription Medication Release

Child's Name: _____

As of today, _____ my child weighs _____

I give my permission to the staff of Tender Time to administer all the medicines I have checked off below:

- checkbox Fever reducing medication including: Tylenol, Motrin, etc.
checkbox Bacitracin ointment or Neomycin for minor scratches and abrasions.
checkbox Diaper creams/ointments, such as: _____
checkbox Calamine lotion for minor itchy skin irritations.
checkbox Sunscreen (for children over 6 months of age).
checkbox Insect repellent (for children over 6 months of age).
checkbox Vaseline or lotion for dry skin.
checkbox Pedialyte (only as directed by physician).
checkbox Mylicon Drops and other gas relief drops.
checkbox Anbesol or Orajel for teething.
checkbox Benedryl
checkbox Other: _____

Tender Time will refer to the recommended dosage noted on the medication's packaging, unless there is written authorization from a physician otherwise.

Parent/Guardian Signature _____
Date _____