



## Apple Academy Learning Center

1845 and 1847 Main Street • Centerville, MN 55038

# CONSENT FOR NON-PRESCRIPTION MEDICATIONS

***PLEASE NOTE: This form requires a physician's signature for children under two years of age.***

CHILD'S NAME \_\_\_\_\_  
(Each child requires a separate form)

I hereby give Apple Academy Learning Center permission to apply any of the following external preparations that are checked, in accordance with the directions for use on the appropriate container.

- |   |  |
|---|--|
| <input type="checkbox"/> Soap                   | <input type="checkbox"/> Diaper Ointments (non prescription) |
| <input type="checkbox"/> Baby Wipes             | <input type="checkbox"/> Teething Gel                        |
| <input type="checkbox"/> Baby Lotion            | <input type="checkbox"/> Baby Oil                            |
| <input type="checkbox"/> Sunscreen              | <input type="checkbox"/> Bug Spray                           |
| <input type="checkbox"/> Other (Please specify) |  |

Parent Signature: \_\_\_\_\_