**Sprouts Non-Prescription Medication**

**Products Authorization**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

All over-the-counter products need parental permission for administration. However, some of these external products do not need to be documented every time you use them.

The following external products may be applied to my child in accordance with the manufacturer’s instructions on the original container:

\_\_\_ Baby Wipes (Center provided)

\_\_\_ Baby Wipes (Parent provided)

\_\_\_ Diaper Cream (Parent Provided)

 Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Skin Lotion/Cream/Vaseline (Parent provided)

 Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Sunscreen (Center Provided)

 (6+ Months)

\_\_\_ Sunscreen (Parent Provided)

 Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (6+ Months)

\_\_\_ Other- Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*All items brought in must be in the original, store bought container.

\*We can only follow manufacturer’s instructions, including age guidelines. You must have a Doctor’s note for instructions outside of manufacturers.

\*This authorization is good for one year.

\*Teething gels are considered OTC medications not products. Teething gels are not permitted while at Tiny/Little Sprouts. They have been known to numb the throat which causes a potential choking hazard.