



## OTC and TOPICAL MEDICATION RECORD

I hereby authorize STEMsteps, my child's Care Provider, to use the following products on my child according to manufacturer or physician's written instructions. I will not hold the above name Provider liable for any allergic reactions or other symptoms when the products are used in accordance with these terms.

Parent's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_ (to be reviewed annually)

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Please note these supplies should be provided by the parent, labeled with child's name, and kept in the office. However, some items are on hand at the facility and may be applied including hand-sanitizer, sunscreen, and Band-Aids.

*(Please circle Yes or No and put specific brand name where needed)*

***Baby Wipes/Wet Wipes for Hands***

YES ~ NO Brand: \_\_\_\_\_ Comments: \_\_\_\_\_

***Baby Lotion***

YES ~ NO Brand: \_\_\_\_\_ Comments: \_\_\_\_\_

***Vaseline or Chapstick***

YES ~ NO Brand: \_\_\_\_\_ Comments: \_\_\_\_\_

***Sunscreen***

YES ~ NO Brand: \_\_\_\_\_ Comments: \_\_\_\_\_

***Band-Aid***

YES ~ NO Brand: \_\_\_\_\_ Comments: \_\_\_\_\_

***Hand Sanitizer***

YES ~ NO Brand: \_\_\_\_\_ Comments: \_\_\_\_\_

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