firefly
FAMILY COLLECTIVE

MEDICATION

Non-Prescribed Medication

Oregon OCC TA-807 · over-the-counter items only

CHILD'S FULL NAME

DATE

All over-the-counter medications, including topical substances, must be in the **original container** and **labeled with your child's name**. My child may be given non-prescribed medication. This may include the following:

Acetaminophen	☐ Yes ☐ No
Antibiotic cream	☐ Yes ☐ No
Antihistamine	☐ Yes ☐ No
Antiseptic wipes / gel	☐ Yes ☐ No
Baby lotion	☐ Yes ☐ No
Baby oil	☐ Yes ☐ No
Baby powder	☐ Yes ☐ No
Cough syrup	☐ Yes ☐ No
Diapering ointment	☐ Yes ☐ No
Diaper wipes	☐ Yes ☐ No
Hydrocortisone	☐ Yes ☐ No
Ibuprofen	☐ Yes ☐ No
Insect repellent	☐ Yes ☐ No
Lip balm	☐ Yes ☐ No
Rash ointment / cream	☐ Yes ☐ No
Saline nose drops	☐ Yes ☐ No
Shampoo	☐ Yes ☐ No
Sunburn ointment	☐ Yes ☐ No
Sunscreen	☐ Yes ☐ No
Teething medications	☐ Yes ☐ No
Toothpaste	☐ Yes ☐ No
Petroleum jelly	☐ Yes ☐ No

✦ANYTHING ELSE

OTHER

OTHER

OTHER

NOTES, BRANDS YOU PREFER, OR AMOUNTS

Parent or guardian

SIGNATURE

DATE