



Common Medications Consent

Student Name _____ Program _____

Sunscreen, lotions, chapstick and diaper cream are not available at Heart of a Child Learning Center. These must be sent in by a parent/guardian with this signed consent form in order for us to administer this non-prescription medication to your child.

Please list the brand name and expiration date of each item you'll be sending with your student. If you do not wish to provide one of these items, no initials are required. Sunscreen is required during the spring/summer instruction.

Category	Brand Name	Expiration Date	Parent Initials
Sunscreen			
Lotion			
Chapstick			
Diaper Cream			

I hereby give my permission to Berkley Building Blocks school personnel designated by Heart of a Child Learning Center to give the above mentioned non-prescriptions medications/creams to my child. I further agree to hold Heart of a Child Learning Center and all employees harmless in any and all claims arising from the administration of this non-prescription medication in school.

I agree to notify Heart of a Child Learning Center in writing at the termination of this request or when any change in the above is necessary.

Signature of Parent/Guardian _____

Printed Name: _____

Date: _____