

SAINT JOHN'S CHILD CARE CENTER Over the Counter Medication Authorization Form

i auth	iorize Saint John Child Care	e to give my child,	
		the medication(s) I provide that are checke	d
below	1.		
0	Lotion		
0	Sunscreen		
0	Insect Repellant		
0	Diaper Rash Cream		
	Parent Name	Parent Signatu	re