



Non-Prescription Medical Form

Student Name: _____

I hereby give permission to the staff at **WOW CHRISTIAN PRESCHOOL** to administer the following over-the-counter personal care items listed below.

I have used these products previously without any adverse reaction to my child's skin.

List the specific product name, frequency, and duration of use.

Baby Wipes

Ointment (Desitin, Vaseline, etc.)

Baby Powder

Sunscreen

Insect Repellent

Other:

I release WOW Christian Preschool from any liability from the administration of these products. All items must be supplied by parents if use is requested. All items must be provided in the original container clearly labeled with the child's full name.

Parent/Signature: _____ **Date:** _____