

St. Timothy Preschool & Childcare
1 Thelma Court, Hudson, IA 50643
Non-Prescription Release Form

Child's Name _____

I hereby give permission to St. Timothy Preschool & Childcare staff to administer the over-the-counter items listed below in accordance with the directions for use listed on the container.

Specify name brand, frequency and duration of use.

Ointment (Neosporin, Vaseline, etc.) _____

Sunscreen _____

Insect repellent _____

Other _____

I release St. Timothy Preschool & Childcare from any liability from administering these products.

Parent Signature/Date _____

All items must be supplied by parents when use is requested. All items must be provided in the original container clearly labeled with the child's name.