

Preventative Medication Authorization Form

I, _____ give Cornerstone Daycare Learning Center permission to apply the following preventative medications to my child, _____ on a daily basis or as needed. I understand that I will have to provide the medications to the center in the original packages in order to be used for my child.

- Lotion, Lip Balm and Hand Cream
- Petroleum Jelly
- Insect Repellent
- Sunscreen
- Any Non-Prescription Diaper Ointment
- Non- Medicated Powder

Signature _____ Date _____