

**SMITHSONIAN EARLY ENRICHMENT CENTER
NON-PRESCRIPTION MEDICATION PERMISSION FORM**

I give permission for _____
to be given the below listed non-prescription ointments, lotions, and creams, as needed an
in routine care, with parental consent.

(Physician's Signature) Date

(Parent's signature) Date

Please include any brands of topical ointments, creams, sunscreen, lotions, etc. (i.e. Desitin, A&D Ointment), that your child may need in the course of routine care. Also include any special directions for the product's use. This excludes cough and cold medicines, Tylenol, and any prescription medications.
