



Phone No. 617-492-0090
Fax No. 671-441-3499

Dear Physician,

Please sign the top of this form and return with the health form. Feel free to add, delete, or note any medication which should not be administered.

Thank you.

.....
Please administer non-prescription medication to: _____

when directed by his/her parent, following doses printed on the container.

Physician

Date

.....
Please administer sunblock and other non-prescription topical medications (such as petroleum jelly and first aid creams) to my child. I understand that I must supply the medication in the original container, labeled with my child's name, and that application instructions printed on the container will be followed.

Parent

Date

This authorization is valid for one year.