

## NON-PRESCRIPTION MEDICATION

In order for Crème de la Crème to dispense any non-prescription medication to your child, your child's physician must sign and complete this form or provide documentation stating the name of the medication, the dosage, and the directions for dispensing the medication before any non-prescription medication can be given to your child. **This form must be updated annually or as dosage amounts change.** For further information, please contact the Executive Director.

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_

*Medication*

*Directions for Dispensing*

<i>Medication</i>	<i>Directions for Dispensing</i>
_____	_____
_____	_____
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\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Phone