



Kids We Love Childcare

Nonprescription Medication Record

I hereby authorize Kids We Love Childcare or Sally Montaseri, my child's care provider, to use the following products on my child according to manufacturer's or physician's written instructions. I will not hold the above named provider liable for any allergic reactions or other symptoms when the products are used in accordance with these terms.

Parent's Signature: _____

Parent's Signature: _____

Provider's Signature: _____

Child's Name: _____ Date: _____
(mm/dd/yyyy)

Product Name: _____ Instruction: _____

Product Name: _____ Instruction: _____

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