



Permission to Give Over the Counter Medication

I hereby give permission for the nurse at Starting Points of Hudson County Day Care center to administer to my child, _____, the following non-prescription, over the counter, medications in accordance with New Jersey State Law.

Check Box for Permission

- ☐ 1. Acetaminophen (aspirin substitutes) for fever of 101 and above or pain.
- ☐ 2. Decongestants/Antihistamines (Benadryl) for allergic reactions.
- ☐ 3. Cough suppressants – If cough interferes with eating, sleeping, and/or breathing.
- ☐ 4. Topical Ointments – for general first aid needs.
- ☐ 5. Sunscreen/Sun block -UVB and UVA protection of SPF 15 or higher that is applied to exposed skin.
- ☐ 6. Insect repellent.
- ☐ 7. I do not wish for any medications to be administered to my child.

Parent/Guardian Printed Name

Date

Permission to Give Over the Counter.....

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