



Rainbow Years Learning Ministry
7235 W 100 N
Shipshewana, IN 46565
1.260.768.7153

Medication Authorization

RYLM is authorized to administer the following medicines to the child named below upon the parent's instructions/request.

Child's Name _____ Birth date _____

Medicines Allowed (check marked):

	Dosage
_____ Bug spray	_____
_____ Sunscreen	_____
_____ First Aid antiseptic cream/ointment	_____
_____ Diaper cream (w/out zinc oxide)	_____
Diaper cream with zinc oxide requires <i>Medication Consent Form</i>	
_____ Teething gel	_____
_____ Anti-chafing lotion/ointment	_____
_____ Hand lotion	_____
_____ Chap stick	_____
_____ Calamine lotion/Anti-itch cream	_____

Emergency medications (if necessary to be available at childcare):

i.e.: Epi-pen (epinephrine injection), inhaler (asthmatic inhalant), insulin inj./oral (diabetic injection), etc.

This form must be reviewed and signed annually

Parent signature _____

Initial & date upon annual review
