Kingdom Kids Preschool & Kindergarten Over-the-Counter Product Release *New students only*

| Dear Parents, | | |
|---|---|---------------------------------------|
| maintain a limit | our child may require first aid during the day. For these of ted supply of first aid products. Please complete the follo the enrollment materials. | |
| Child's Name: _ | Date of birth: | |
| | on for my child to have these needed first aid products a eary. <u>Please indicate with a check mark any/all items your</u> | |
| | Hydrogen Peroxide (abrasions) | |
| | Band Aids | |
| | Anti-itch crème (Hydrocortisone) | |
| | Triple Antibiotics Ointment (Bacitracin, Neomycin | |
| | Neomycin Sulfate, Polymyxin B Sulfate for abrasions) | |
| | Sterile Eye Wash | |
| staff*. Examples of th insect repellant "This policy do Doctor instruct | cation will be given at Kingdom Kids Preschool & Kinder his include, but are not limited to: breathing treatment, Motrin/ibuprofen, antibiotic, or allergy medicine. Des not pertain to inhalers & Epi-pens during life-threations must be included with pharmacy labeled Epi-pens dreschool & Kindergarten office. | ts, sunscreen, atening situations. |
| Parent or Guard | dian Name (please print) Date | |
| Parent signatur | e Date | |