



**DEPARTMENT OF HUMAN SERVICES**

**CHILDREN, YOUTH & FAMILY DIVISION**

2555 Midpoint Drive, Suite F  
 Fort Collins, CO 80525  
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Dear Health Care Provider:

Foster/Kinship parents are required by State regulations to have a physician’s approval to administer over the counter medications to the foster/kin children in their care. The following list is intended to cover the most common over the counter medications.

Please indicate which of the following may be administered to the child \_\_\_\_\_ by checking them off and/or filling in which particular medication is appropriate. Please indicate if the dosage is different from the dose recommended on the packaging. Thank you very much for your help in protecting the health and safety of this foster/kin child.

Sincerely,

Shannon V. Reiff  
 Foster/Kinship Supervisor

_____ Ibuprofen _____	_____ Cough Syrup _____
_____ Tylenol _____	_____ Eye drops _____
_____ Allergene _____	_____ Sunscreen _____
_____ Stomach upset remedies _____	_____ Diaper rash ointments _____
_____ Anti-biotic cream _____	_____ Vitamins _____
_____ Herbal supplements _____	_____ Lip balm _____
_____ Children’s aspirin _____	_____ Midol _____
_____ Nasal spray _____	_____ Flu remedies _____
_____ Hydrogen peroxide _____	_____ Calamine lotion _____
_____ Acne creams/lotions _____	_____ Athlete’s foot remedies _____
_____ Cold sore medication _____	_____ Motion sickness pill _____
_____ Rubbing alcohol _____	_____ Teething cream _____
_____ Lice shampoo _____	_____ Iodine _____
_____ Cold medicines _____	_____ Other (Please list) _____
_____ Other (Please list) _____	_____ Other (Please list) _____

\_\_\_\_\_  
 Physician Signature

\_\_\_\_\_  
 Date