

Child's Name: \_\_\_\_\_

**PERMISSION TO ADMINISTER**

I HEREBY GIVE MY CHILD CARE PROVIDER PERMISSION TO ADMINISTER THE FOLLOWING PRODUCTS ACCORDING TO THE MANUFACTURERS' INSTRUCTIONS OR AS SPECIFIED IN WRITING BY MY CHILD'S PHYSICIAN.

<b>NO</b>	<b>YES</b>	<b>PRODUCTS</b>	<b>BRAND</b>	<b>NO</b>	<b>YES</b>	<b>PRODUCTS</b>	<b>BRAND</b>
___	___	Acetamenophen (eg. Tylenol) _____ (following telephone permission from parent or a physician)	_____	___	___	Liquid Soap _____	_____
___	___	Adhesive Tape _____	_____	___	___	Menthol Rub _____	_____
___	___	Antiseptic _____	_____	___	___	Moisturizing Lotion _____	_____
___	___	Baby Lotion _____	_____	___	___	Nail Polish _____	_____
___	___	Baby Oil _____	_____	___	___	Petroleum Gel _____	_____
___	___	Baby Powder _____	_____	___	___	Rash Ointment _____	_____
___	___	Band-Aids _____	_____	___	___	Shampoo _____	_____
___	___	Bar Soap _____	_____	___	___	Sunscreen _____	_____
___	___	Burn/Sunburn Remedy _____	_____	___	___	Syrup of Ipecac _____ (on recommendation of poison control)	_____
___	___	Conditioner _____	_____	___	___	Teething Ointment _____	_____
___	___	Diaper Ointment _____	_____	___	___	Toothpaste _____	_____
___	___	Diaper Wipes _____	_____	___	___	_____	_____
___	___	First Aid Cream _____	_____	___	___	_____	_____
___	___	Hydrogen Peroxide _____	_____	___	___	_____	_____
___	___	Insect Repellent _____	_____	___	___	_____	_____
___	___	Itching Cream _____	_____	___	___	_____	_____
___	___	Lip Balm _____	_____	___	___	_____	_____

**SEPARATE PERMISSION FORMS ARE REQUIRED FOR ALL OVER-THE-COUNTER MEDICATIONS (COUGH SYRUP, COLD MEDICATION), AND FOR ALL PRESCRIPTIONS. THIS FORM MUST BE UPDATED ANNUALLY.**

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROVIDER'S SIGNATURE

\_\_\_\_\_  
DATE