

PERMISSION TO ADMINISTER

I HEREBY GIVE MY DAY CARE PROVIDER PERMISSION TO ADMINISTER THE FOLLOWING PRODUCTS ACCORDING TO THE MANUFACTURERS INSTRUCTIONS OR OTHERWISE SPECIFIED.

Name of Child: _____

No	Yes	Products	Brands	No	Yes	Products	Brands
___	___	Diaper Wipes _____		___	___	Powder _____	
___	___	Diaper Cream _____		___	___	Baby Oil _____	
___	___	Vaseline _____		___	___	Lotion _____	
___	___	Bandages _____		___	___	Chapstick or lip balm _____	
___	___	Antiseptic Ointments/ Creams (i.e. bacitracin) _____		___	___	Antiseptic & Burn Cream/ Ointment _____	
___	___	Itching and Rash Creams/ Ointments _____		___	___	Burn Cream/Ointment _____	
___	___	Insect Repellents _____		___	___	Nail Polish/Remover _____	
___	___	Sunscreen _____		___	___	Prescription medication _____	
___	___	_____		___	___	Acetaminophen (i.e. Tylenol)	
___	___	_____		___	___	Ibuprofen	
___	___	_____		___	___	Others (examples: cough syrup, cold/ allergy medicine) _____	
___	___	_____					
___	___	_____					

I TRUST THAT MY PROVIDER WILL USE HIS/HER BEST JUDGEMENT AS SITUATIONS ARISE, AND IF IN DOUBT, HE/SHE CAN CALL FOR VERIFICATION.

I WILL INFORM PROVIDER OF ANY MEDICATIONS GIVEN TO CHILD BEFORE ARRIVING AT DAY CARE.

Parent's Signature _____
 Date _____
 Provider Signature _____
 Date _____