

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 _____