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.

CHILD'S NAME: ____________________________________

NO	YES	PRODUCTS	BRANDS
☐	☐	Acetaminophen (eg., Tylenol) (following telephone permission from parent or a physician) *Manufacturer's directions must be followed. Physician's signature required if so indicated.	______
☐	☐	Adhesive Tape	______
☐	☐	Antiseptic	______
☐	☐	Baby Lotion	______
☐	☐	Baby Oil	______
☐	☐	Baby Powder	______
☐	☐	Band-Aids	______
☐	☐	Bar Soap	______
☐	☐	Burn/Sunburn Remedy	______
☐	☐	Conditioner	______
☐	☐	Diaper Ointment	______
☐	☐	Diaper Wipes	______
☐	☐	First Aid Cream	______
☐	☐	Hydrogen Peroxide	______
☐	☐	Insect Repellent	______
☐	☐	Itching Cream	______
☐	☐	Lip Balm	______

NO	YES	PRODUCTS	BRANDS
☐	☐	Liquid Soap	______
☐	☐	Menthol Rubs	______
☐	☐	Moisturizing Lotion	______
☐	☐	Nail Polish	______
☐	☐	Petroleum Gel	______
☐	☐	Rash Ointment	______
☐	☐	Shampoo	______
☐	☐	Sunscreen	______
☐	☐	Teething Ointment	______
☐	☐	Toothpaste	______
☐	☐	Alcohol Based Hand Sanitizer	
☐	☐	Teething Tablets (only as provided by parent)	
☐	☐	______	
☐	☐	______	
☐	☐	______	

*Teething gels will not be administered at school.

SEPARATE PERMISSION FORMS ARE REQUIRED FOR ALL OVER-THE-COUNTER MEDICATIONS (eg., cough syrup, cold medication), AND FOR ALL PRESCRIPTIONS. THIS FORM MUST BE UPDATED ANNUALLY.

______________________	________	______________________	________
Parent's Signature	Date	Provider's Signature	Date