

CHILD NAME: _____

Complete for **EACH** child.

PERMISSION TO ADMINISTER

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

No	Yes	Products	Brands	No	Yes	Products	Brands
___	___	(Diaper) Wipes	_____	___	___	Chap Stick	_____
___	___	Diaper Ointment	_____	___	___	Antiseptic & Burn Ointments	_____
___	___	Numb It	_____	___	___	Lotion	_____
___	___	Vaseline	_____	___	___	Bar Soap	_____
___	___	Adhesive Tape	_____	___	___	Nail Polish	_____
___	___	Cold Creams	_____	___	___	Band Aids	_____
___	___	Itching Creams	_____	___	___	Antiseptic Wipe	_____
___	___	Hydrogen Peroxide	_____	___	___	Insect Repellents	_____
___	___	Suntan Lotion	_____	___	___	Liquid Soap	_____
___	___	Shampoo	_____	___	___	Toothpaste	_____
___	___	Others	_____	___	___	_____	_____
___	___	_____	_____	___	___	_____	_____
___	___	_____	_____	___	___	_____	_____

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

Parents Signature _____

Date _____

Provider Signature _____

Date _____