

PERMISSION TO ADMINISTER

Child's Name: _____

I hereby give/withhold my permission for _____, my child's daycare provider, to administer the following non-prescription items:

YES	NO	PRODUCT	INSTRUCTIONS
_____	_____	Diapering Products	_____
_____	_____	Insect Repellant	_____
_____	_____	Sunscreen	_____
_____	_____	Aspirin or Non-Aspirin	_____
_____	_____	Pain Relievers	_____

We have also discussed the following non-prescription items so we have a clear mutual understanding about if they are to be used, who will provide them, any brand preference and any allergic reactions my child has had to these products:

Cough Syrup and Cold Remedies: _____

Products for relieving teething pain: _____

Ointments or creams for rashes, itches or first aid use: _____

Baby Powder, Baby Oil and or Baby Lotion: _____

Liquid Soaps, Bar Soaps and/or Shampoos: _____

Adhesive Tape, Band-aids: _____

Other: _____

Parent's Signature: _____ **Date:** _____