## **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.

NO YE	ES	PRODUCTS B	RANDS	NO	YES	PRODUCTS	BRANDS
		Acetaminophen (eg., Tylenol) (following telephone permission f				Liquid Soap	
		or a physician)				Menthol Rubs	
		Adhesive Tape				Moisturizing Lotion	
		Antiseptic				Nail Polish	
		Baby Lotion				Petroleum Gel	
		Baby Oil				Rash Ointment	
		Baby Powder				Shampoo	
		Band-Aids				Sunscreen	
		Bar Soap				Teething Ointment	
		Burn/Sunburn Remedy				Toothpaste	
		Conditioner					
		Diaper Ointment					
		Diaper Wipes					
		First Aid Cream					
		Hydrogen Peroxide					
		Insect Repellent					
		Itching Cream					
		Lip Balm					
		PERMISSION FORMS ARI o, cold medication), AND FOR					
arent's	Sign	nature	Date	_	Provide	er's Signature	 Date