

Child's Name: _____

PERMISSION TO ADMINISTER OVER THE COUNTER MEDICATIONS

I hereby give my childcare provider, _____, permission to administer the following products according to the manufactures' instructions or as specified in writing by my child's physician.

YES	NO	PRODUCTS	BRANDS	YES	NO	PRODUCTS	BRAND
<input type="checkbox"/>	<input type="checkbox"/>	*Acetaminophen (eg. Tylenol) Following telephone permission from parent or physician	_____	<input type="checkbox"/>	<input type="checkbox"/>	Liquid Soap	_____
<input type="checkbox"/>	<input type="checkbox"/>	Adhesive Tape	_____	<input type="checkbox"/>	<input type="checkbox"/>	*Menthol Rubs	_____
<input type="checkbox"/>	<input type="checkbox"/>	Antiseptic	_____	<input type="checkbox"/>	<input type="checkbox"/>	Moisturizing Lotion	_____
<input type="checkbox"/>	<input type="checkbox"/>	Baby Lotion	_____	<input type="checkbox"/>	<input type="checkbox"/>	Nail Polish	_____
<input type="checkbox"/>	<input type="checkbox"/>	Baby Oil	_____	<input type="checkbox"/>	<input type="checkbox"/>	Petroleum Gel	_____
<input type="checkbox"/>	<input type="checkbox"/>	Baby Powder	_____	<input type="checkbox"/>	<input type="checkbox"/>	*Rash Ointment	_____
<input type="checkbox"/>	<input type="checkbox"/>	Band-Aids	_____	<input type="checkbox"/>	<input type="checkbox"/>	Shampoo	_____
<input type="checkbox"/>	<input type="checkbox"/>	Bar Soap	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sunscreen	_____
<input type="checkbox"/>	<input type="checkbox"/>	*Burn/Sunburn Remedy	_____	<input type="checkbox"/>	<input type="checkbox"/>	*Teething Ointment	_____
<input type="checkbox"/>	<input type="checkbox"/>	Conditioner	_____	<input type="checkbox"/>	<input type="checkbox"/>	Toothpaste	_____
<input type="checkbox"/>	<input type="checkbox"/>	*Diaper Ointment	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____
<input type="checkbox"/>	<input type="checkbox"/>	Diaper Wipes (generic unless parent supplied)	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____
<input type="checkbox"/>	<input type="checkbox"/>	First Aid Ointment (Bacitracin)	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____
<input type="checkbox"/>	<input type="checkbox"/>	Hydrogen Peroxide	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____
<input type="checkbox"/>	<input type="checkbox"/>	*Insect Repellent	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____
<input type="checkbox"/>	<input type="checkbox"/>	*Itching Cream (eg. Hydrocortizone or Caladryl)	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____
<input type="checkbox"/>	<input type="checkbox"/>	*Lip Balm	_____				_____

*Starred Items to be provided by parent and labeled with child's name

Separate permission forms are required for all over-the counter medications (cough syrup, cold medication), and for all prescriptions. This form must be updated annually.

Parent's Signature / Date

Provider's Signature / Date