PERMISSION TO ADMINISTER OVER-THE-COUNTER PRODUCTS

I HEREBY GIVE MY CHILD CARE PROVIDER PERMISSION TO ADMINISTER THE FOLLOWING PRODUCTS ACCORDING TO THE MANUFACTURER'S INSTRUCTIONS OR AS SPECIFIED IN WRITING BY MY CHILD'S PHYSICIAN

CHILD'S NAME: _____

NO	YES	PRODUCTS	BRANDS
☐	☐	Acetaminophen (e.g. Tylenol) _____ (following telephone permission from parent or a physician)	
☐	☐	Adhesive Tape	
☐	☐	Antiseptic	
☐	☐	Baby Lotion	
☐	☐	Baby Oil	
☐	☐	Baby Powder	
☐	☐	Bandages	
☐	☐	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	
☐	☐	_____	
☐	☐	_____	
☐	☐	_____	
☐	☐	_____	
☐	☐	_____	
☐	☐	_____	
☐	☐	_____	
☐	☐	_____	
☐	☐	_____	
☐	☐	_____	
☐	☐	_____	

<u>SEPARATE PERMISSION FORMS ARE REQUIRED FOR ALL OVER-THE-COUNTER MEDICATIONS</u> (e.g. cough syrup, cold medications), AND FOR ALL PRESCRIPTIONS.

****<u>THIS FORM MUST BE UPDATED ANNUALLY</u>****

_____ _____

Parent's Signature Date Provider's Signature Date