

Permission to Administer Medication

I hereby give my permission for _____ to administer
Day care provider

medication to _____.
Name of child

- Prescription/Over the Counter Medicine Name: _____
- Doctor's Name (if prescribed): _____
- Date of Prescription: _____
- Dates and Times for Medicine to be given: _____
- Dosage Amount: _____

Parent Signature Date

Permission to Apply Sunscreen/ Bug Repellant/ Diapering Products/Hand Sanitizers

I hereby give my permission for _____ to apply
Name of provider

- Sunscreen
 - Brand Name: _____
 - Any
- Bug Spray
 - Brand Name: _____
 - Any
- Diapering Products
 - Brand Name and Type: _____
 - Any and Type: _____
- Hand Sanitizer
 - Brand Name: _____
 - Any
- Other _____

to my child: _____.
Child's name

Comments: _____

Parent Signature Date