

Permission to Administer Prescription & Non - Prescription Medications

CHILD'S NAME _____

Please place an "X" by all that apply:

_____ Diaper Wipes	_____ Baby Powder	_____ Acetaminophen
_____ Diaper Ointment	_____ Baby Oil	_____ Adhesive Tape
_____ Numbs It	_____ Baby Lotion	_____ Band Aids
_____ Vaseline	_____ Lip Balm	_____ Burn Ointments
_____ Cough Syrup	_____ Bar Soap	_____ Rash Ointments
_____ Antiseptic Wipes	_____ Toothpaste	_____ Antibiotic Ointments
_____ Itching Creams	_____ Shampoo	_____ Other: _____
_____ Mentholatum Rubs	_____ Sunscreen	_____ Other: _____
_____ Hydrogen Peroxide	_____ Nail Polish	_____ Other: _____
_____ Insect Repellent	_____ Hand Lotion	_____ Other: _____

RX from Doctor:

Parent's Initials	RX Name & No.	Date	Length of Prescription	Time & Amount to be Administered

I give my permission for _____ to administer the above products and prescriptions according to my doctor or manufacturer's instructions unless otherwise specified.

Parent Signature: _____

Date: _____