## Permission to Administer Prescription & Non - Prescription Medications

Diaper Ointment  Numbs It  Numbs It  Baby Lotion  Band Aids  Vaseline  Lip Balm  Burn Ointr  Cough Syrup  Bar Soap  Antiseptic Wipes  Itching Creams  Mentholatum Rubs  Mentholatum Rubs  Hydrogen Peroxide  Insect Repellant  RX from Doctor:  Parent's  Baby Oil  Adhesive Trans  Bady Oil  Adhesive Trans  Band Aids  Burn Ointr  Bars Oap  Rash Ointr  Antibiotic  Other:  Antibiotic  Other:  Other:  Other:  Tin		72 by all that apply:	
Diaper Ointment Baby Oil Adhesive of Numbs It Baby Lotion Band Aids Vaseline Lip Balm Burn Ointo Cough Syrup Bar Soap Rash Ointo Antiseptic Wipes Toothpaste Antibiotic Itching Creams Shampoo Other: Mentholatum Rubs Sunscreen Other: Hydrogen Peroxide Nail Polish Other: Insect Repellant Hand Lotion Other:  XX from Doctor:  Parent's Initials RX Name & No. Date Length of Prescription to be	•		
Numbs It Baby Lotion Band Aids Vaseline Lip Balm Burn Ointr Cough Syrup Bar Soap Rash Ointr Antiseptic Wipes Toothpaste Antibiotic Itching Creams Shampoo Other: Mentholatum Rubs Sunscreen Other: Hydrogen Peroxide Nail Polish Other: Insect Repellant Hand Lotion Other:  X from Doctor:  Parent's Initials RX Name & No. Date Length of Prescription to be		<del>_</del>	<u>-</u>
Vaseline			
Cough Syrup Bar Soap Rash Ointr Antiseptic Wipes Toothpaste Antibiotic Itching Creams Shampoo Other: Mentholatum Rubs Sunscreen Other: Hydrogen Peroxide Nail Polish Other: Insect Repellant Hand Lotion Other:  X from Doctor:  Carent's Initials RX Name & No.  Date Length of Prescription to be			
Antiseptic Wipes Toothpaste Antibiotic Itching Creams Shampoo Other: Mentholatum Rubs Sunscreen Other: Hydrogen Peroxide Nail Polish Other: Insect Repellant Hand Lotion Other: X from Doctor:  Arrent's RX Name & No Date Length of Prescription to be a continuous formula			Rash Ointments
Itching Creams Shampoo Other: Mentholatum Rubs Sunscreen Other: Mentholatum Rubs Sunscreen Other: Insect Repellant Hand Lotion Other: Marent's Insect Repellant Barent's Insect Repellant Date Length of Prescription To be Insect Repellant Insect			A .'1' .' O' .
Mentholatum Rubs Sunscreen Other: Hydrogen Peroxide Nail Polish Other: Insect Repellant Hand Lotion Other: Marent's Initials RX Name & No. Date Length of Prescription to be supported by the prescription of			Other:
Hydrogen Peroxide Nail Polish Other: Insect Repellant Hand Lotion Other:  K from Doctor:  Arent's Initials RX Name & No.  Date Length of Prescription to be compared to be			Other:
A from Doctor:  arent's nitials RX Name & No. Date Length of Prescription to be	ydrogen Peroxide	Peroxide Nail Polish	Other:
arent's (nitials RX Name & No. Date Length of Prescription to be	sect Repellant	llant Hand Lotion	Other:
tive my permission for	RX N	RX Name & No. Dat	e Length of Prescription Time & Amou to be Administe
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ive my permission for to administer the above scriptions according to my doctor or manufacturer's instructions unless otherwise specifies			
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rent Signature:	ignature:		