

# PERMISSION TO ADMINISTER

I HEREBY GIVE MY DAY-CARE PROVIDER PERMISSION TO ADMINISTER THE FOLLOWING PRODUCTS ACCORDING TO THE MANUFACTURERS INSTRUCTIONS OR OTHERWISE SPECIFIED:

No	Yes	Products	Brands	No	Yes	Products	Brands
<input type="checkbox"/>	<input type="checkbox"/>	Diaper Wipes	_____	<input type="checkbox"/>	<input type="checkbox"/>	Baby Powder	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diaper Ointment	_____	<input type="checkbox"/>	<input type="checkbox"/>	Baby Oil	_____
<input type="checkbox"/>	<input type="checkbox"/>	Numb it	_____	<input type="checkbox"/>	<input type="checkbox"/>	Baby Lotion	_____
<input type="checkbox"/>	<input type="checkbox"/>	Petroleum Jelly	_____	<input type="checkbox"/>	<input type="checkbox"/>	Ipecac Syrup	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cough Syrup	_____	<input type="checkbox"/>	<input type="checkbox"/>	Aspirin free	_____
<input type="checkbox"/>	<input type="checkbox"/>	Sinus Tablets	_____	<input type="checkbox"/>	<input type="checkbox"/>	Chap Lip	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cold Creams	_____	<input type="checkbox"/>	<input type="checkbox"/>	Adhesive Tape	_____
<input type="checkbox"/>	<input type="checkbox"/>	Band Aids	_____	<input type="checkbox"/>	<input type="checkbox"/>	Antiseptic and Burn Ointments	_____
<input type="checkbox"/>	<input type="checkbox"/>	Itching Creams	_____	<input type="checkbox"/>	<input type="checkbox"/>	Rash Ointments	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hydrogen Peroxide	_____	<input type="checkbox"/>	<input type="checkbox"/>	Mentholatum Rubs	_____
<input type="checkbox"/>	<input type="checkbox"/>	Insect Repellents	_____	<input type="checkbox"/>	<input type="checkbox"/>	Solarcaine	_____
<input type="checkbox"/>	<input type="checkbox"/>	Suntan Lotion	_____	<input type="checkbox"/>	<input type="checkbox"/>	Bar soap	_____
<input type="checkbox"/>	<input type="checkbox"/>	Liquid Soap	_____	<input type="checkbox"/>	<input type="checkbox"/>	Conditioner	_____
<input type="checkbox"/>	<input type="checkbox"/>	Shampoo	_____	<input type="checkbox"/>	<input type="checkbox"/>	Nail Polish	_____
<input type="checkbox"/>	<input type="checkbox"/>	Toothpaste	_____	<input type="checkbox"/>	<input type="checkbox"/>	Nail Polish Remover	_____
<input type="checkbox"/>	<input type="checkbox"/>	Rubbing Alcohol	_____	<input type="checkbox"/>	<input type="checkbox"/>	Insect Sting Remedy	_____
<input type="checkbox"/>	<input type="checkbox"/>	Antibiotic Ointment	_____	<input type="checkbox"/>	<input type="checkbox"/>	Eye Wash	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lice treatment	_____	<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

I TRUST THAT MY PROVIDER WILL USE HER BEST JUDGMENT AS SITUATIONS ARISE, AND IF IN DOUBT, SHE CAN CALL FOR VERIFICATION.

Parents Signature \_\_\_\_\_  
 Date \_\_\_\_\_  
 Provider Signature \_\_\_\_\_  
 Date \_\_\_\_\_