

MEDICATION PERMISSION FORM

Child's Name: _____

CHILD'S INFORMATION

I hereby give my childcare provider permission to administer the following products according to the manufacturers instructions or as specified in writing by my child's physician.

Acetaminophen (e.g., Tylenol) _____

Ibuprofen (e.g., Advil) _____

Alcohol-based hand sanitizers _____

Adhesive tape _____

Antiseptic _____

Baby lotion _____

Baby oil _____

Baby powder _____

Band-Aids _____

Bar soap _____

Burn/sunburn remedy _____

Conditioner _____

Diaper ointment _____

Diaper wipes _____

First-aid cream _____

Hydrogen peroxide _____

Insect repellent _____

Itching cream _____

Lip balm _____

Liquid soap _____

Menthol rubs _____

Moisturizing lotion _____

Nail polish _____

Petroleum jelly _____

Rash ointment _____

Shampoo _____

Sunscreen _____

Teething ointment _____

Toothpaste _____

Other products that should not be administered:
