

# 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) \_\_\_\_\_

Itching cream \_\_\_\_\_

Ibuprofen (e.g., Advil) \_\_\_\_\_

Lip balm \_\_\_\_\_

Alcohol-based hand sanitizers \_\_\_\_\_

Liquid soap \_\_\_\_\_

Adhesive tape \_\_\_\_\_

Menthol rubs \_\_\_\_\_

Antiseptic \_\_\_\_\_

Moisturizing lotion \_\_\_\_\_

Baby lotion \_\_\_\_\_

Nail polish \_\_\_\_\_

Baby oil \_\_\_\_\_

Petroleum jelly \_\_\_\_\_

Baby powder \_\_\_\_\_

Rash ointment \_\_\_\_\_

Band-Aids \_\_\_\_\_

Shampoo \_\_\_\_\_

Bar soap \_\_\_\_\_

Sunscreen \_\_\_\_\_

Burn/sunburn remedy \_\_\_\_\_

Teething ointment \_\_\_\_\_

Conditioner \_\_\_\_\_

Toothpaste \_\_\_\_\_

Diaper ointment \_\_\_\_\_

*Other products that should not be administered:*

Diaper wipes \_\_\_\_\_

\_\_\_\_\_

First-aid cream \_\_\_\_\_

\_\_\_\_\_

Hydrogen peroxide \_\_\_\_\_

\_\_\_\_\_

Insect repellent \_\_\_\_\_

\_\_\_\_\_