

# PERMISSION TO ADMINISTER

I hereby give permission to \_\_\_\_\_ to administer the following products to my child, \_\_\_\_\_ according to the manufacturers instructions or as stated below.

No	Yes	Product	Brand	No	Yes	Product	Brand
_____	_____	Diaper Wipes	_____	_____	_____	Baby Oil	_____
_____	_____	Diaper Ointment	_____	_____	_____	Baby Lotion	_____
_____	_____	Teething Ointment	_____	_____	_____	Pain Reliever	_____
_____	_____	Vaseline	_____	_____	_____	Lip Gloss	_____
_____	_____	Cough Syrup	_____	_____	_____	Rash Cream	_____
_____	_____	Cold Cream	_____	_____	_____	Bar Soap	_____
_____	_____	Band Aids	_____	_____	_____	Nail Polish	_____
_____	_____	Antiseptic Wipes	_____				
_____	_____	Itching Creams	_____			Others	
_____	_____	Hydrogen Peroxide	_____	_____	_____	_____	_____
_____	_____	Insect Repellent	_____	_____	_____	_____	_____
_____	_____	Sun Screen	_____	_____	_____	_____	_____
_____	_____	Liquid Soap	_____	_____	_____	_____	_____
_____	_____	Shampoo	_____	_____	_____	_____	_____
_____	_____	Toothpaste	_____	_____	_____	_____	_____
_____	_____	Baby Powder	_____	_____	_____	_____	_____

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_