

Permission to Administer Medication

This release expires 1 year from date of signature.

I hereby give my permission for _____ to administer
Day care provider

medication to _____.
Name of child

Prescription/Over the Counter Medicine Name: _____

Doctor's Name (if prescribed): _____

Date of Prescription: _____

Dates and Times for Medicine to be given: _____

Dosage Amount: _____

Parent Signature

Date

Permission to Apply Sunscreen/ Bug Repellant/ Diapering Products/ Hand Sanitizers

This release expires 1 year from date of signature.

I hereby give my permission for _____ to apply
Name of provider

Sunscreen
 Brand Name: _____

Any

Bug Spray
 Brand Name: _____

Any

Diapering Products
 Brand Name and Type: _____

Any and Type: _____

Hand Sanitizer
 Brand Name: _____

Any

to _____.
Child's name

Comments or allergies: _____

Parent Signature

Date