



Masai's Playhouse®

PERMISSION TO ADMINISTER

MASAI'S PLAYHOUSE LLC.

24/7 Childcare, Infant Care and Preschool

I, _____ (Parent/Guardian's Name), hereby grant Masai's Playhouse LLC., my child's provider, to administer the following non prescription items as needed. Along with this written consent I understand my child's provider will contact me prior to administration to confirm I wish to have my child provided the non prescription item.

YES	NO	PRODUCTS	INSTRUCTIONS (If any)
<input type="checkbox"/>	<input type="checkbox"/>	DIAPERING PRODUCTS:	
<input type="checkbox"/>	<input type="checkbox"/>	INSECT REPELLANT:	
<input type="checkbox"/>	<input type="checkbox"/>	SUNSCREEN:	
<input type="checkbox"/>	<input type="checkbox"/>	ASPIRIN OR NON ASPIRIN:	
<input type="checkbox"/>	<input type="checkbox"/>	PAIN RELIEVERS:	

We have also discussed the following non prescription items, so we have a clear mutual understanding about if they are to be used, who will provide them, any brand preferences, allergic reactions my child has to these products and under what circumstances they can be administered

Cough Syrup and cold remedies: _____

Products for relieving teething pain: _____

Adhesive tape, Band aids: _____

Liquid soap, bar soaps and/ or shampoos: _____

Ointments/Creams for rash, itch or First Aid use: _____

Baby powder, baby oil and /or baby lotion: _____

Other: _____

- Sambucus Elderberry Liquid/ Sambucus Elderberry Gummy 1 serving daily
- Mary Ruths Liquid Multivitamin 1 ounce daily

_____ Parent/Guardian's Signature

_____ Date of signing