

# Permission to Apply Specific Medications to my Child

\_\_\_\_ I give Learning and Growing Child Care Staff permission to apply sun screen to my child as needed. I will supply the sun screen. Please bring in spray sun screen. I will apply the first application in the morning at drop off.

\_\_\_\_ I give Learning and Growing Child Care Staff permission to apply diaper cream as needed. I will provide it to the child care center.

\_\_\_\_ I give Learning and Growing Child Care Staff permission to administer the following over the counter medications to my child if needed. (ex. Infant Tylenol, children's Advil, benedryl) I will notify staff if this is necessary. Remember to sign the med log.

\_\_\_\_\_

\_\_\_\_\_

Thanks, You

Childs Name \_\_\_\_\_

Parents Name \_\_\_\_\_

Parents Signature \_\_\_\_\_

Date: \_\_\_\_\_