

Permission to Administer over-the-counter Medications

If your child must use a specific brand of any of the products listed, please indicate the brand name of the product next to the category. If any brand is acceptable just check yes or no beside the product.

____ Yes ____ No Insect Repellent

____ Yes ____ No Sunscreen

____ Yes ____ No Hand Sanitizer

____ Yes ____ No Antibacterial Hand Wipes

____ Yes ____ No First Aid Cream

____ Yes ____ No Triple Antibiotic Cream

____ Yes ____ No Antiseptic Cream

____ Yes ____ No Bee Sting Pads

____ Yes ____ No Diaper Cream

I, _____ give permission to my child care provider to apply topical over-the-counter medications to my child,

_____. I understand that the stocked brand may be used unless I have indicated a specific brand above.

This permission will be in effect from _____ to _____.

Parent/Guardian's Signature

Date

NYS Regulations require that at the time of administration, the day care provider must document the dosage and time that the medications are given to the child. All observable side effects must be documented and shared with the parent.

Revised 9/2011