



Permission to Administer Prescription & Non - Prescription Medications



CHILD'S NAME _____

Please place an "X" by all that apply:

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Diaper wipes | <input type="checkbox"/> Baby powder | <input type="checkbox"/> Acetaminophen |
| <input type="checkbox"/> Diaper ointment | <input type="checkbox"/> Baby oil | <input type="checkbox"/> Adhesive tape |
| <input type="checkbox"/> Numbs it | <input type="checkbox"/> Baby lotion | <input type="checkbox"/> Band aids |
| <input type="checkbox"/> Vaseline | <input type="checkbox"/> Lip balm | <input type="checkbox"/> Burn ointments |
| <input type="checkbox"/> Cough syrup | <input type="checkbox"/> Bar soap | <input type="checkbox"/> Rash ointments |
| <input type="checkbox"/> Antiseptic wipes | <input type="checkbox"/> Toothpaste | <input type="checkbox"/> Antibiotic ointments |
| <input type="checkbox"/> Itching creams | <input type="checkbox"/> Shampoo | Other: _____ |
| <input type="checkbox"/> Mentholatum rubs | <input type="checkbox"/> Sunscreen | Other: _____ |
| <input type="checkbox"/> Hydrogen peroxide | <input type="checkbox"/> Nail polish | Other: _____ |
| <input type="checkbox"/> Insect repellent | <input type="checkbox"/> Hand lotion | Other: _____ |

RX from Doctor:

Parent's Initials	RX Name & No.	Date	Length of Prescription	Time & Amount to be administered
<i>KLG</i>	<i>Amoxicillin/Rx 043251</i>	<i>3/12/04</i>	<i>10 days 3x per day</i>	<i>7am/2pm/9pm 1 teaspoon each</i>

I give my permission for _____ to administer the above products and prescriptions according to my doctor or manufacturer's instructions unless otherwise specified.

Parent's signature: _____

Date: _____