

# Permission to Administer Non-Prescription Products

I hereby give Puddle Jumpers Learning Center permission to use the following products on my child \_\_\_\_\_ according to manufacturer instructions unless there are written instructions for their use provided by a licensed physician or dentist.

The center will provide certain products as listed under the provided by column. If a product is sent from home, it must be checked in with your child's teacher with your child's first name and last name written clearly on the product.

Yes	No	Product	Provided By: <i>(check one if applicable)</i>	Notes <i>(Allergies, reactions, directions, etc.)</i>
		Diaper Cream	<input type="checkbox"/> Home <input type="checkbox"/> Center	
		Sunscreen	<input type="checkbox"/> Home <input type="checkbox"/> Center	
		Lotion	<input type="checkbox"/> Home <input type="checkbox"/> Center	
		Hand Soap	<input type="checkbox"/> Home <input type="checkbox"/> Center	
		Vaseline	<input type="checkbox"/> Home <input type="checkbox"/> Center	
		Antiseptic Ointment	<input type="checkbox"/> Home <input type="checkbox"/> Center	
		Bug Spray	<input type="checkbox"/> Home <input type="checkbox"/> Center	
		Chapstick	<input type="checkbox"/> Home	
		Other		

I trust that my provider will use their best judgment as situations arise, and if in doubt, will call for verification.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date