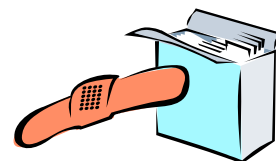




## Permission to Administer Prescription & Non - Prescription Medications



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     | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Mentholatum rubs  | <input type="checkbox"/> Sunscreen   | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Hydrogen peroxide | <input type="checkbox"/> Nail polish | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Insect repellent  | <input type="checkbox"/> Hand lotion | <input type="checkbox"/> 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: \_\_\_\_\_