

Permission to Administer Non-Prescription Items

Child's Name: _____

I hereby give/withhold my permission for _____,
my child care provider, to administer the following non-prescription items:

Yes	No	
_____	_____	Sunscreen
_____	_____	Neosporin Antibiotic Ointment

Parent's Signature: _____ Date: _____

Permission to Administer Non-Prescription Items

Child's Name: _____

I hereby give/withhold my permission for _____,
my child care provider, to administer the following non-prescription items:

Yes	No	
_____	_____	Sunscreen
_____	_____	Neosporin Antibiotic Ointment

Parent's Signature: _____ Date: _____