

Permission to Administer

I hereby give my child care provider permission to administer the following products according to the manufactures instructions or as specified in writing by my child's physician.

No	Yes	Products
_____	_____	Band-aids
_____	_____	Diaper Ointment
_____	_____	Diaper Wipes
_____	_____	Liquid Soap
_____	_____	Lotion
_____	_____	Sunscreen
_____	_____	Teething Ointment
_____	_____	Toothpaste
_____	_____	Pain Medication (with written permission from Physician) Name of Medication _____
_____	_____	any other medications prescribed by my physician.
_____	_____	over the counter Medication (with written parent Permission)
_____	_____	I give my permission for Lighthouse Daycare to use My child's name and/or image in publications or Advertisements.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date