# PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATION

**I GIVE MY DAY CARE PROVIDER PERMISSION TO ADMINISTER THE FOLLOWING PRODUCTS ACCORDING TO THE MANUFACTURER'S INSTRUCTIONS OR ACCORDING TO THE ATTACHED INSTRUCTIONS PROVIDED BY THE DOCTOR OR DENTIST.** (9502.0435 Subpart 16, F1)

**Child's Name** _____ **Parent's Name** _____

| No | Yes | Products | Brands |
|---|---|---|---|
| ☐ | ☐ | Acetaminophen (e.g., Tylenol) (following telephone permission from parent or a physician) | |
| ☐ | ☐ | Adhesive Tape | |
| ☐ | ☐ | Antiseptic | |
| ☐ | ☐ | Baby Lotion | |
| ☐ | ☐ | Baby Oil | |
| ☒ | ☐ | Baby Powder | |
| ☐ | ☐ | Band-Aids | |
| ☐ | ☐ | Bar Soap | |
| ☐ | ☐ | Burn/Sunburn Remedy | |
| ☐ | ☐ | Conditioner | |
| ☐ | ☐ | Diaper Ointment | |
| ☐ | ☐ | Diaper Wipes | |
| ☐ | ☐ | First Aid Cream | |
| ☐ | ☐ | Hydrogen Peroxide | |
| ☐ | ☐ | Insect Repellent | |
| ☐ | ☐ | Itching Cream | |
| ☐ | ☐ | Lip Balm | |
| ☐ | ☐ | Liquid Soap | |

| No | Yes | Products | Brands |
|---|---|---|---|
| ☐ | ☐ | Menthol Rubs | |
| ☐ | ☐ | Moisturizing | |
| ☒ | ☐ | Nail Polish | |
| ☐ | ☐ | Petroleum Gel | |
| ☐ | ☐ | Rash Ointment | |
| ☐ | ☐ | Shampoo | |
| ☐ | ☐ | Sunscreen | |
| ☒ | ☐ | Teething Ointment | |
| ☒ | ☐ | Toothpaste | |
| ☐ | ☐ | | |
| ☐ | ☐ | | |
| ☐ | ☐ | | |
| ☐ | ☐ | | |

Over-the-Counter Medications:

Allergy medicine - _____

Cold Medicine - _____

Cough Syrup - _____

Other (specify) - _____

_____

_____

***A separate permission form is required for all prescription drugs.***

**Parent's Signature**_____ **Date**_____

**Provider's Signature**_____ **Date**_____