

**MINNESOTA PRAIRIE COUNTY ALLIANCE FAMILY CHILD CARE  
PERMISSION TO ADMINISTER**

I hereby give \_\_\_\_\_ permission to administer the following products  
(Family Child Care Provider)  
according to the manufacturer's instructions or as otherwise specified.

Name of Child/Children: \_\_\_\_\_

No	Yes	Products	Brands	No	Yes	Products	Brands
___	___	Diaper Wipes	_____	___	___	Powder	_____
___	___	Diaper Lotion	_____	___	___	Baby Oil	_____
___	___	Vaseline	_____	___	___	Lotion	_____
___	___	Bandages	_____	___	___	Chapstick or lip balm	_____
___	___	Antiseptic Ointments/ Creams (i.e. bacitracin)	_____	___	___	Antiseptic & Burn Cream/ Ointment	_____
___	___	Itching and Rash Creams/ Ointments	_____	___	___	Burn Cream/Ointment	_____
___	___	Insect Repellents	_____	___	___	Nail Polish/Remover	_____
___	___	Sunscreen Lotion/Spray	_____	___	___	Adhesive Tape	_____
___	___	Acetaminophen (i.e. Tylenol)	_____	___	___	Cough Syrup/Cold Medicine	___
___	___	Ibuprofen	_____	___	___	Other Cough/Cold Remedy	___
___	___	Other pain/fever reliever	_____	___	___	Allergy medication	_____
___	___	Teething pain reliever	_____	___	___	Topical Analgesic	_____
___	___	_____	_____	___	___	_____	_____
___	___	_____	_____	___	___	_____	_____

Special instructions from parent:

I trust that my provider will use his/her best judgment as situations arise, and if in doubt, he/she can call for verification. I will inform my provider of any medications given to the child before arriving at day care.

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_