



## MEDICATION PERMISSIONS AND INSTRUCTIONS

Child's name: \_\_\_\_\_

I give permission to \_\_\_\_\_ and/or her staff to give or apply the following medications as needed:

Diaper rash medication

A & D Ointment

Destin

Balmex

Other

Wipes Any particular brand: \_\_\_\_\_

Peroxide

Neosporin

Sunblock Any particular type or brand: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Effective date