



Lil Peoples Daycare



Permission to Administer Medication

This form **MUST** be filled out completely and accurately. No medication will be administered without this form completed.

I _____ hereby authorize Linda Falk to administer the following medication(s) to my child/children

_____ Birth date _____,

_____ Birth date _____.

Prescription:

Must be in original packaging with the child's name, Physicians name, issue date of medication, name of medication, dosage, route of administration, how often the medication is to be administered, storage requirements and Expiration date clearly on the bottle.

NON Prescription: I give permission to administer the following products as needed by my child/children at any time while attending Lil Peoples Daycare. The following products may be administered to my child at the provider's discretion according to the manufacturer's instructions or as otherwise specified.

- .. Sun Block
- .. Sunscreen
- .. Chap stick
- .. Lip Balm
- .. Tooth Paste
- .. Insect Repellent
- .. Bath/Hand Soap
- .. Teething Gel
- .. Teething Tablets
- .. Diaper Rash Ointment
- .. Desitin
- .. Balmex
- .. A & D
- .. Neosporin
- .. Bag Balm
- .. Baby Wipes
- .. Baby Powder
- .. Tylenol
- .. Benadryl
- .. Dimetapp
- .. Motrin
- .. Tylenol Infant
- .. Robitussin
- .. Acetaminophen
- .. Triaminic
- .. Advil
- .. Children's Aspirin
- .. First Aid Cream
- .. _____(From Home)
- .. _____(From Home)

It has been explained to me that the listed medications (or generic equivalent) are usually used or can be administered by Linda Falk for the comfort of my child/children while in her care.

I understand that should I not wish for my child to have these products administered I need to tell Linda Falk immediately and make changes to this form.

Some of the medications are to be provided by the parent and label with the child/children's name and keep out of reach.

I have consented to the medications that I have initialed. **No** medication will be administered with verbal consent.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Provider Signature _____ Date _____