

**PERMISSION FORM FOR OVER THE COUNTER TOPICAL MEDICATION, SUNSCREEN AND
INSECT REPELLANT.**

Date of Permission: _____

Permission expiration: _____

I, _____, the parent of, _____
Give permission for _____ to administer the following items
as listed:

1. Name Over the counter topical ointment

- a. Name of ointment: _____
- b. Reason to give ointment: _____
- c. Timing: _____
- d. Where to use the ointment: _____
- e. Amount to apply: _____
- f. Side Effects or Adverse Reactions: _____

2. Sunscreen

- a. Name of Sunscreen product: _____
- b. Reason to give: _____
- c. Timing: _____
- d. Where to use: _____
- e. Amount to apply: _____
- f. Side Effects/Adverse effects: _____

3. Insect Repellant

- a. Name of Insect Repellant: _____
- b. Reason to give: _____
- c. Timing: _____
- d. Where to use: _____
- e. Amount to apply: _____
- f. Side Effects/Adverse effects: _____

4. Other:

- g. Name of medication: _____
- h. Reason to give: _____
- i. Timing: _____
- j. Where to use: _____
- k. Amount : _____

Parents signature: _____ Date: _____

My signature below indicates that I have received the listed over the counter topical ointments, sunscreens, insect repellants. I have reviewed the parent's instructions and understand them.

Child Care Provider: _____ Date: _____