

Le Petit Home Day Care

PERMISSION TO ADMINISTER

I give permission for my daycare provider, Anita Levesque, to administer the following products according to the manufacturers instruction or as otherwise specified.

CHILD'S NAME: _____

PRODUCT - Y = Yes / N = No

BABY POWDER _____

BABY LOTION _____

BABY OIL _____

SUN BLOCK _____

BAR OF SOAP _____

INSECT REPELLENT _____

TOOTH PASTE _____

LIP BALM _____

DIAPER WIPES _____

RASH OINTMENT _____

SHAMPOO _____

ASPIRIN FREE _____

TEETHING GEL _____

ANTISEPTIC OINTMENT _____

BAND-AIDS _____

ANTI ITCH CREAM _____

HYDROGEN PEROXIDE _____

COUGH SYRUP _____

DECONGESTANT _____

ANTIHISTAMINE _____

IPECAC SYRUP _____

TYLENOL _____

PARENT SIGNATURE _____ DATE _____

PROVIDER SIGNATURE _____ DATE _____