

Permission to Administer Medication

This release expires 1 year from date of signature.

I hereby give my permission for _____ (day care provider) to administer medication to _____ (child).

Prescription/medication name: _____

Doctor's name: _____

Date of prescription: _____

Dates & times medication is to be given:

Dosage amount: _____

Parent signature: _____ Date: _____

Permission to Apply Sunscreen/Bug Repellant, Diapering Products

This release expires 1 year from date of signature.

I hereby give my permission for _____ (day care provider) to apply the following to _____ (child).

Sunscreen: (brand name) _____

Bug repellant: (brand name) _____

Diapering products: (brand name) _____

Comments or allergies: _____

Parent signature: _____ Date: _____