



LITTLE BUMBLE BEE DAYCARE



Non - Prescription Medication Permission

Child's Name: _____

I authorize _____ to
(Provider's name)

administer the following products on an as needed or as directed basis, in accordance with the manufacturer's directions.

Baby Wipes _ Yes _ No Diaper Ointments _ Yes _ No

Baby Lotion _ Yes _ No Sunscreen _ Yes _ No

Anti-Bacterial Ointments _ Yes _ No Insect Repellent _ Yes _ No

Vaseline _ Yes _ No Baby Wipes _ Yes _ No

Acetaminophen _ Yes _ No Ibuprofen _ Yes _ No

Band-aids _ Yes _ No Anti-Itch Cream _ Yes _ No

Decongestant _ Yes _ No Antihistamine _ Yes _ No

List any other non - prescription medications that you authorize application of:

Parent / Guardian Signature Printed Name Relationship Date