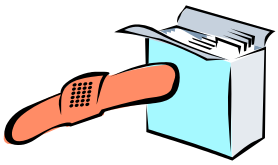
Permission to Administer Prescription
& Non - Prescription Medications



CHILD'S NAME _____

_____

Please place an "X" by all that apply:

___ Diaper wipes	___ Baby powder	___ Acetaminophen
___ Diaper ointment	___ Baby oil	___ Adhesive tape
___ Numbs it	___ Baby lotion	___ Band aids
___ Vaseline	___ Lip balm	___ Burn ointments
___ Cough syrup	___ Bar soap	___ Rash ointments
___ Antiseptic wipes	___ Toothpaste	___ Antibiotic ointments
___ Itching creams	___ Shampoo	___ Other:_____
___ Mentholatum rubs	___ Sunscreen	___ Other:_____
___ Hydrogen peroxide	___ Nail polish	___ Other:_____
___ Insect repellant	___ Hand lotion	___ Other:_____

RX from Doctor:

Parent's Initials	RX Name & No.	Date	Length of Prescription	Time & Amount to be administered
KLG	Amoxicillin/Rx 043251	3/12/04	10 days- 3x per day	7am/2pm/9pm 1 teaspoon each

I give my permission for _____ to administer the above products and prescriptions according to my doctor or manufacturer's instructions unless otherwise specified.

Parent's signature: _____

_____

Date: _____