

Medication Authorization

Over The Counter:

I hereby give Providr Name/ The Daycare permission to apply or give one or more of the following over the counter medication or external preparations, In accordance with the directions for use on the container:

Tylenol Baby Wipes Band-Aids Neosporin, Bacitrich, or simllar ointment
 Bactine or similar first aid spray Sunscreen Insect Repellent Non-Prescription Ointment(Such as A&D, Desitin, Vaseline) Powder Baby Lotion Other: (please specify)

Parent/Guardian Signature_____

Date_____

Prescription:

I Hereby give Provider Name/The Daycare Permission to administer prescription medication.I understand that the medication must be in an original container provided by the pharmacy. The Medication must have my shild's name and instruction on how to administer.

Parent/Guardian Signature_____

Date_____

PHOTOGRAPH AUTHORIZATION

I, _____ (PARTENT'S GUARDIAN'S NAME) Give permission for provider Name/ The Daycare to photograph my child, _____ (child's name) for daily activities through out the school day. For example, (play time, birthday parties, day care website, water play etc.)

Parent/Guardian Signature_____

Date_____

