

PERMISSION TO ADMINISTER

ATTENTION: The MN Child Care Rule (9502.0435 Subp. 16F(1)) requires that licensed child care providers obtain *written parental permission* prior to administering medicine, diapering products, sunscreen lotions and insect repellants to children in care.

Dakota County Child Care Licensing has developed this form, which includes a list of frequently used products. If you have additional items you wish to add to this list, please use the extra space/lines allotted or attach a second sheet to this form.

I HEREBY GIVE MY CHILD CARE PROVIDER PERMISSION TO ADMINISTER THE FOLLOWING PRODUCTS ACCORDING TO THE MANUFACTURERS' INSTRUCTIONS OR AS SPECIFIED IN WRITING BY MY CHILD'S PHYSICIAN.

CHILD'S NAME: _____

NO	YES	PRODUCTS	BRANDS		NO	YES	PRODUCTS	BRANDS
<input type="checkbox"/>	<input type="checkbox"/>	Acetaminophen (eg. Tylenol) _____	_____		<input type="checkbox"/>	<input type="checkbox"/>	Itching Cream _____	_____
		Ibuprofen _____	_____		<input type="checkbox"/>	<input type="checkbox"/>	Lip Balm _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol-Based Hand Sanitizers _____	_____		<input type="checkbox"/>	<input type="checkbox"/>	Liquid Soap _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Adhesive Tape _____	_____		<input type="checkbox"/>	<input type="checkbox"/>	Menthol Rubs _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Antiseptic _____	_____		<input type="checkbox"/>	<input type="checkbox"/>	Moisturizing Lotion _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Baby Lotion _____	_____		<input type="checkbox"/>	<input type="checkbox"/>	Nail Polish _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Baby Oil _____	_____		<input type="checkbox"/>	<input type="checkbox"/>	Petroleum Gel _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Baby Powder _____	_____		<input type="checkbox"/>	<input type="checkbox"/>	Rash Ointment _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Band-Aids _____	_____		<input type="checkbox"/>	<input type="checkbox"/>	Shampoo _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Bar Soap _____	_____		<input type="checkbox"/>	<input type="checkbox"/>	Sunscreen _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Burn/Sunburn Remedy _____	_____		<input type="checkbox"/>	<input type="checkbox"/>	Teething Ointment _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Conditioner _____	_____		<input type="checkbox"/>	<input type="checkbox"/>	Toothpaste _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diaper Ointment _____	_____		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diaper Wipes _____	_____		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	First Aid Cream _____	_____		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hydrogen Peroxide _____	_____		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Insect Repellent _____	_____		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Best Practice Tip – It is best practice to call the parent and obtain permission over the telephone prior to administering any medication to a child in care.

Parent's Signature

Date

Provider's Signature

Date