



Permission to Administer Form

I, _____, parent or guardian of _____,
hereby give permission to Merry Moose Childcare and Preschool to administer the
following over the counter products.

Parent Provided

- | | | | |
|--------------------|-------|----------------|-------|
| Sunscreen | _____ | Acetaminophen | _____ |
| Diapering Ointment | _____ | Cough Drops | _____ |
| Insect Repellant | _____ | Ibuprofen | _____ |
| Baby Oil | _____ | Cough Syrup | _____ |
| Lip Ointment | _____ | Skin Ointments | _____ |

Center Provided

- | | | | |
|-----------------------|-------|-----------------|-------|
| Fingernail Polish | _____ | Shaving Cream | _____ |
| Washable Tattoo | _____ | Bubble Solution | _____ |
| Face Paint | _____ | | |
| Diluted Tea Tree Oil | _____ | | |
| Unscented Hand Lotion | _____ | | |
| Detangler Spray | _____ | | |
| Hair binders | _____ | | |
| Hair Color Spray | _____ | | |

Parent Signature _____

Date _____