PERMISSION FORM FOR OVER THE COUNTER TOPICAL MEDICATION, SUNSCREEN AND INSECT REPELLENT.

Date of Permission: ___________
Permission expiration: ___________

I, ___________________________, the parent of __________________________,
Give permission for UIS Cox Children’s Center to administer the following items as listed:

1. **Name Over the counter topical ointment**
   a. Name of ointment: ___________________________
   b. Reason to give ointment: ___________________________
   c. Timing: ___________________________
   d. Where to use the ointment: ___________________________
   e. Amount to apply: ___________________________
   f. Side Effects or Adverse Reactions: ___________________________

2. **Sunscreen**
   a. Name of Sunscreen product: ___________________________
   b. Reason to give: ___________________________
   c. Timing: ___________________________
   d. Where to use: ___________________________
   e. Amount to apply: ___________________________
   f. Side Effects/Adverse effects: ___________________________

3. **Insect Repellant**
   a. Name of Insect Repellant: ___________________________
   b. Reason to give: ___________________________
   c. Timing: ___________________________
   d. Where to use: ___________________________
   e. Amount to apply: ___________________________
   f. Side Effects/Adverse effects: ___________________________

4. **Other**:
   g. Name of medication: ___________________________
   h. Reason to give: ___________________________
   i. Timing: ___________________________
   j. Where to use: ___________________________
   k. Amount: ___________________________

Parents signature: ___________________________ Date: ___________

My signature below indicates that I have received the listed over the counter topical ointments, sunscreens, insect repellants. I have reviewed the parent’s instructions and understand them.

Child Care Provider: ___________________________ Date: ___________