MEDICATION PERMISSION

I give my permission for **M & M Daycare, Inc.** to give or apply the medications as listed and directed below to my child _____:
(Child's Name)

Parent Signature:_____ **Date:**_____

	Medication	Date to Begin	Date to Stop	Times to Give	Dosage	Store In:	**Parent Initials**
A.							
B.							
C.							
D.							

Date	Time	Medication (A, B, C or D)	Amount	Caregiver Initials

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Date	Time	Medication (A, B, C or D)	Amount	Caregiver Initials

Sunscreen / Bug Repellent
Permission Sheet

By signing below, I give M & M Daycare, Inc. and their staff members permission to apply sunscreen and/or bug repellent to my child(ren) listed below. The dates they may be applied will be from the date below through the end of the same year.
The brands offered by M & M Daycare will be (depending on what's on hand):
Sunscreen: "No-AD" Babies' spf 45 or "Meijer" Childrens' spf 30
Repellent: "OFF" Skintastic
If you prefer to bring a specific brand for your child, please indicate the brand below and be sure to mark the bottle(s) with permanent marker.

Child(ren)'s Name	Sunscreen Brand	Repellent Brand	Parent Signature	Date

Sunscreen / Bug Repellent
Permission Sheet

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Child(ren)'s Name	Sunscreen Brand	Repellent Brand	Parent Signature	Date