

Child's Name: \_\_\_\_\_

## PERMISSION TO ADMINISTER

I give Jumping Jax Kids staff permission to administer the following products according to the manufacturers instructions.

NO	YES	PRODUCTS	BRANDS
		Diaper Wipes	
		Diaper Ointment	
		Numb it	
		Baby Powder	
		Baby Oil	
		Baby Lotion	
		Chapstick	
		Sunscreen	
		Liquid Soap	
		Lotion	
		Band Aids	
		Adhesive Tape	
		Nail Polish	
		Nail Polish Remover	

I trust that my provider will use his/her best judgement as situations arise and if in doubt will call for verification.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date