

CHILDREN'S DISCOVERY CENTER
MINOR FIRST AID MEDICINE BLANKET PERMISSION

Child's Name: _____ Age: ____

<u>Yes</u>	<u>No</u>	<u>Medication</u>	<u>Reason</u>
___	___	Peroxide	Open Cut or Abrasions
___	___	Antibiotic Ointment	Scrapes or Scratches
___	___	Vaseline	Scrapes and Scratches
___	___	Anti-Itch Cream	Minor Skin Irritation

If, for any reason you do not want us to administer any of the above medications without a doctor's prescription, please be sure to notify us.

_____	_____
Parent's Signature	Date

This authorization is valid from _____ to _____.

1 Year Expiration