CHILDREN'S DISCOVERY CENTER

MINOR FIRST AID MEDICINE BLANKET PERMISSION

Child's Name: _____ Age: __

Yes	No	Medication	Reason
☐	☐	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