



HUDSON COUNTRY
MONTESSORI SCHOOL

TODDLER

AUTHORIZATION TO ADMINISTER PERMISSION SLIP

I _____ Parent of _____

Authorize the school to administer the following (all over the counter):

1. Diaper Cream

Name of product: _____

Reason to apply: _____

Where to apply: _____

Amount to apply: _____

Time to apply: _____

Side effects/Adverse Reactions: _____

2. Sunscreen

Name of product: _____

Reason to apply: _____

Where to apply: _____

Amount to apply: _____

Time to apply: _____

Side effects/Adverse Reactions: _____

3. Insect Repellent

Name of product: _____

Reason to apply: _____

Where to apply: _____

Amount to apply: _____

Time to apply: _____

Side effects/Adverse Reactions: _____

Parent Signature: _____ **Date:** _____