

Injury Treatment Substance Authorization

For Family Child Care Homes Rev. 11/17/02

I, the undersigned, having legal custody of _____, a minor, hereby authorize _____ to administer the following **initialed** substances in the event my child is injured:

Initials:

- ___ water
- ___ ice
- ___ hydrogen peroxide
- ___ neosporin
- ___ antibacterial soap
- ___ epicac (Used to cause vomiting of toxic substance)
- ___ _____
- ___ _____
- ___ _____
- ___ _____
- ___ _____
- ___ _____
- ___ _____
- ___ _____
- ___ _____
- ___ _____

signed: _____
(parent/legal guardian)

date: _____