

## Permission to Administer



I give permission for The Tot Spot, LLC to administer the following products according to the manufacturer's instruction or as otherwise specified for either personal or sensory needs.

Child (Children's) Name: \_\_\_\_\_

**Product: Y = Yes N = No**

### Personal:

Baby Powder \_\_\_\_\_

Baby Oil \_\_\_\_\_

Bar of Soap \_\_\_\_\_

Diaper Wipes \_\_\_\_\_

Shampoo \_\_\_\_\_

Rash Ointment \_\_\_\_\_

Band-Aids \_\_\_\_\_

Baby Lotion \_\_\_\_\_

Sunscreen \_\_\_\_\_

Insect Repellant \_\_\_\_\_

Lip Balm \_\_\_\_\_

Diaper Rash Ointment \_\_\_\_\_

### Sensory:

Toothpaste \_\_\_\_\_

Bubble bath \_\_\_\_\_

Dish Soap \_\_\_\_\_

Baking Soda \_\_\_\_\_

Vinegar \_\_\_\_\_

Conditioner \_\_\_\_\_

Corn Starch \_\_\_\_\_

Shaving Cream \_\_\_\_\_

Jello \_\_\_\_\_

Liquid Starch \_\_\_\_\_

Food Coloring \_\_\_\_\_

Corn Meal \_\_\_\_\_

Coffee \_\_\_\_\_

Hot Cocoa \_\_\_\_\_

Vegetable Oil \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_