

**Benadryl Permission Slip**

I, \_\_\_\_\_, authorize the staff of Discovery Gardens Family Childcare to apply Benadryl as needed to my child, \_\_\_\_\_.

Special directions or comments:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Permission expires *one year* from signature date

Update Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_