



BEN SAMUELS

CHILDREN'S CENTER
MONTCLAIR STATE UNIVERSITY

Non Prescription Medication Form

Please provide the medication to school, that you give consent for your child to have, to be used if needed. We can give a fever-reducing medicine if your child has a temperature at or above 100.4 F. We will administer medication for a fever only after notifying you to obtain either your verbal or emailed permission as well as your confirmation that arrangements are being made to have your child picked up from the Children's Center.

Your child may return to school after being fever-free for 24 hours without fever-reducing medication.

Child's Name: _____ date of birth: _____ Date: _____

I give permission	I do NOT give permission	
Must be provided by family <input type="checkbox"/>	<input type="checkbox"/>	Teething gel
Must be provided by family <input type="checkbox"/>	<input type="checkbox"/>	Sunblock
Must be provided by family <input type="checkbox"/>	<input type="checkbox"/>	Diaper cream
Must be provided by family <input type="checkbox"/>	<input type="checkbox"/>	Tylenol (Under 2 yrs. old, MD please complete portion below. Over 2 yrs. old, according to package directions.)
Must be provided by family <input type="checkbox"/>	<input type="checkbox"/>	Motrin/Ibuprofen (Under 2 yrs. old, MD please complete portion below. Over 2 yrs. old, according to package directions.)

Parent or Guardian Name

Parent or Guardian Signature

PHYSICIAN'S PERMISSION (is required for **children under 2 years of age**)

Child's name may be given the following medication with the permission of their parent or guardian at the following dosage:

Infant or Children's Tylenol (circle one) dosage: _____

Motrin/Ibuprofen dosage: _____

Signature of Physician

Date