



BEN SAMUELS

CHILDREN'S CENTER  
MONTCLAIR STATE UNIVERSITY

### Non-Prescription Medication Form

This form gives permission for the staff at Ben Samuels Children's Center to administer or apply **ONLY** the items listed on the form. Any item that you have checked must be supplied to the Center and labeled with your child's name. No medication will be borrowed or shared with any other child and none of these are supplied by the center. Tylenol or Advil would only be administered after notifying the parent or guardian and any child with a temperature 100.4 or above must be picked up within one hour of notification. Children must always be **24 hours fever free, without medication**, to return to daycare.

The same notification process would apply if one of the medications was needed for pain ie: teething, headache, etc.

**Children under 2 years of age require a doctor's order for with Tylenol or Advil.** Keep in mind that children grow rapidly in the first 2 years of life and may require updates to this form.

Children over 2 years of age will be given Tylenol or Advil based on the table provided on the packaging.

Be aware that the nursing position at BSCC is a part time position, in her absence, medication will be provided by classroom staff.

Child's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Name (Print)

\_\_\_\_\_  
Parent or Guardian Signature

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

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

\_\_\_\_\_ may be given the following medication with the permission of their parent or guardian at the following dosage:

Child's name \_\_\_\_\_  
Infant or Children's Tylenol (circle one) dosage: \_\_\_\_\_

Motrin/Ibuprofen dosage: \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date