You are welcome to provide Tylenol, Motrin, Ibuprofen and/or Benadryl to keep here at The Children’s Center in case of an emergency. The purpose is so that it can be given to begin reducing a fever while you are on your way to pick up your child. We only administer any medication after contacting a parent and getting verbal or e-mail permission. (Please take note that our illness policy requires that children be free of fever for 24 hours without medication to attend the Center). As always, we need written permission from you to give any medication. Please fill out the form below if you would like us to give your child Tylenol, Motrin or Ibuprofen when s/he has a fever above 101 F.

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Date:</th>
</tr>
</thead>
</table>

### I give permission | I do NOT give permission
---|---

#### Medication

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teething gel</td>
<td></td>
</tr>
<tr>
<td>Sunblock</td>
<td></td>
</tr>
<tr>
<td>Diaper cream</td>
<td></td>
</tr>
<tr>
<td>Powder</td>
<td></td>
</tr>
</tbody>
</table>

#### Dosage

<table>
<thead>
<tr>
<th>Medication</th>
<th>Infant or Children’s Tylenol (circle one) dosage:</th>
<th>Motrin dosage:</th>
<th>Ibuprofen dosage:</th>
<th>Benadryl/Antihistamine dosage:</th>
</tr>
</thead>
</table>

**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:

| Infant or Children’s Tylenol | dosage: ____________________________ |
| Motrin | dosage: ____________________________ |
| Ibuprofen | dosage: ____________________________ |
| Benadryl/Antihistamine | dosage: ____________________________ |

_________________________ Parent or Guardian Name
_________________________ Parent or Guardian Signature

_________________________ Signature of Physician
_________________________ Date