

Meeting House Child Care Center
848 Beacon Street
Newton Centre, MA 02459

Permission is granted for _____ to receive during the next 12 months the following over-the-counter medications as needed while in child-care. It is understood that attempts to reach the parent(s) will be made prior to the administration of acetaminophen, ibuprofen or diphenhydramine.

(Dosages are provided in milligram amounts; the amounts will vary depending on the concentration of the preparation. Feel free to amend this form to meet individual preferences.)

Weight at last exam: _____ pounds

Acetaminophen (Tylenol®) **80 mg for every 12 pounds** every 4 hours for discomfort or fever > 101°

Dose: _____ mg

Ibuprofen (Advil® or Motrin®) **50 mg for every 11 pounds** every 6-8 hours for severe discomfort or fever unresponsive to acetaminophen

Dose: _____ mg

Diphenhydramine (Benadryl®) **6.25 mg (1/2 teaspoon) for every 11 pounds** every 4-6 hours for mild allergic reactions, up to 50 mg (4 teaspoons)

Dose: _____ mg

Sunscreen (as needed)

Other: _____

Pediatrician _____ Date _____

Parent(s) _____ Date _____