



Busy Bee Childcare's Acetaminophen Permission

Please administer _____ ml of acetaminophen (160mg/5ml) for: fever of _____ or Greater, teething, or pain or discomfort at parent's discretion to _____ (Child's Name)

Physician's Signature: _____ Date: _____

Parents Signature: _____ Date: _____

Busy Bee Preschool's Ibuprofen Permission

Please administer (Choose one):

_____ ml of Infant Ibuprofen (50mg/1.25ml)

OR

_____ ml of Children's Ibuprofen (100mg/5ml)

for: fever of _____ or greater, teething, or pain or discomfort at parent's discretion to

(Child's Name)

Physician's Signature: _____ Date: _____

Parents Signature: _____ Date: _____

DO NOT ADMINISTER OVER THE COUNTER MEDICATIONS

Child's Name: _____

I do not want the staff at Busy Bee to administer over the counter medication to my child. I am aware that if my child has a fever he/she must be picked up with-in one hour of Busy Bee notifying me.

Parent Signature: _____ Date: _____
