



**Cadence Academy Pr4eschool'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: \_\_\_\_\_

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**Cadence Academy 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: \_\_\_\_\_

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**DO NOT ADMINISTER OVER THE COUNTER MEDICATIONS**

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

I do not want the staff at Cadence Academy Preschool 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 Cadence Academy Preschool notifying me.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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