

AUTHORIZATION FOR FEVER-REDUCING MEDICATIONS



Child's Information

Parents Must Complete. Please Print.

Child's Name:	Date of Birth: (DD/MM/YYYY)
Father's Name:	Home Phone:
Mother's Name:	Work Phone:
Address:	

Manufacturer's instructions indicate that a physician must advise dosages of fever-reducing medications for children under the age of two. To make it convenient for parents, FCC Daycare Center is requiring parents to have their physician sign a letter outlining recommended dosages for Children's Panadol (paracetamol) and Children's Brufen (ibuprofen). This letter may be signed by the child's pediatrician or by the Medical Officer in FCC's Mercy Health Center.

FCC Daycare Center will keep this letter in the child's file. If fever-reducing medication is ever indicated, it will be administered under the supervision and discretion of Mercy Health Center medical staff. Medication will only be given if this letter has the signatures of both a physician and parent of the child. FCC Daycare Center will keep a record of the dosage and the time medication is administered for each child.

Manufacturer's Dosage Chart

MEDICATION			INFANT DROPS	CHILDREN'S LIQUID	CHILDREN'S LIQUID
Paracetamol	Weight	Age	80 mg/0.8 ml 1 dropper = 0.8 ml	120 mg/5 ml	160 mg/5 ml (1 tsp)
*Dose may be given every 4 hours. *Do not use more than 4 times in 24 hours.	2.5-5 kg	0-3 mo.	0.4ml	1.5 ml	¼ tsp (1.25 ml)
	5.1-8.1 kg	4-11 mo.	0.8 ml	3 ml	½ tsp (2.5 ml)
	8.2-10.8 kg	12-23 mo.	1.2 ml	4 ml	¾ tsp (3.75 ml)
	10.9-16.3 kg	2-3 yrs.	1.6 ml	6 ml	1 tsp (5 ml)
	16.4-21.7 kg	4-5 yrs.		9 ml	1 ½ tsp (7.5 ml)
MEDICATION			INFANT DROPS	CHILDREN'S LIQUID	
Ibuprofen	Weight	Age	50 mg/1.25 ml 1 dropper = 1.25 ml	100 mg/ 5 ml (1 tsp)	
*Dose may be given every 6 to 8 hours. *Do not use more than 4 times in 24 hours.	5.4-8.1 kg	6-11 mo.	1.25 ml	½ tsp (2.5 ml)	
	8.2-10.8 kg	12-23 mo.	1.875 ml	¾ tsp (3.75 ml)	
	10.9-16.3 kg	2-3 yrs.	2.5 ml	1 tsp (5 ml)	
	16.4-21.7 kg	4-5 yrs.	3.75 ml	1 ½ tsp (7.5 ml)	

*Ask your healthcare provider before giving ibuprofen to a child less than 6 months old.

Physician's Signature:	Date:
Parent's Signature:	Date: