

NON-PRESCRIPTION MEDICAL FORM

Dear Physician/Nurse Practitioner/Physician Assistant:

My child attends Melrose Day Care Center and requires a written note for the teachers to administer over-the-counter medications. Please complete the medication instructions for dosing in mL below (the teachers cannot accept dosing instructions in mg).

(Child's Name)

(Child's Date of Birth)

May have the following Medication(s):

- Acetaminophen (Tylenol) Infant/Children's Suspension concentrated as **160 mg/5mL**
Give _____ mL every _____ hours as needed for irritability or pain.

- Ibuprofen (Motrin or Advil) INFANT'S Suspension concentrated as **50 mg/1.25mL**
Give _____ mL every _____ hours as needed for irritability or pain.

- Ibuprofen (Motrin or Advil) CHILDREN'S Suspension concentrated as **100 mg/5mL**
Give _____ mL every _____ hours as needed for irritability or pain.

(MD/NP/PA Name)

(Date)