



## Permission to Give Acetaminophen

By signing this agreement you give Blooming Babies Childcare, permission to administer Acetaminophen to your child(ren) under the terms and conditions mentioned below:

1. Acetaminophen should only be used in situations where we are unable to contact either the parents or the emergency contacts of a child and we are concerned about your child's fever or appearance and reactions.

2. This agreement is to be signed at the time of enrollment and parents have to provide Blooming Babies Childcare with correct and up-to-date phone numbers and emergency contact information.

3. You will provide Blooming Babies Childcare with a bottle of Acetaminophen of your choice that is suitable for your child's weight/age. You must label the bottle with your child's name and make sure you replace the bottle before expiry date.

4. When Acetaminophen is felt to be appropriate according to the above guidelines, we will record the following information on the Acetaminophen Follow Up form after the administering of Acetaminophen:

- Date and time temperature taken;
- Why the temperature was taken and what other symptoms the child has;
- Time and dose of Acetaminophen administered;
- The child's temperature ½ hour after giving the medication;

5. We will keep trying to reach the parents and emergency contacts while continuously monitoring the child. If we are unsuccessful in contacting the parents or the emergency contacts and the child appears very ill, we will call 911 or we will take the child to Emergency.

Parent/legal guardian signature

Date



**Blooming Babies**  
483 Belvedere Pl  
London, N6K 2G2, ON

Child's Name:

Contract Nr.:

www.bloomingbabies.ca  
contactus@blomingbabies.ca  
Tel.: 226-785-1625

## Acetaminophen Follow Up Form

1. Temperature:      °C                  °F                  Time:                  Date:

Symptoms:

Acetaminophen dose administered:                  Time:

Temperature measured after ½ hour from medication:

Staff member name and signature:

2. Temperature:      °C                  °F                  Time:                  Date:

Symptoms:

Acetaminophen dose administered:                  Time:

Temperature measured after ½ hour from medication:

Staff member name and signature:

3. Temperature:      °C                  °F                  Time:                  Date:

Symptoms:

Acetaminophen dose administered:                  Time:

Temperature measured after ½ hour from medication:

Staff member name and signature: