

**Record Sheet  
Anti- Febrile Agent -Temperature Reducing Medication**

I give my permission to \_\_\_\_\_ to administer temperature reducing medication, Calpol (paracetamol) or Nurofen (Ibuprofen) to \_\_\_\_\_ if he/she becomes unwell, with a temperature of over 38°C. I understand that the service will contact me before staff administers the non-prescribed medicine and I will then pick up \_\_\_\_\_.

\_\_\_\_\_

Signature of (Parent or Carer)

Child's Temperature	Date & Time	Medication	Dosage	Administered by	Witnessed by	Signed by Parent /Carer

*This sample policy is developed by DCCC as a guideline document for childcare services .It is intended that the policy is adapted to suit each individual service. June 2009*