



**His Growing Grove Child Care Center**  
**2490 Grove Way, Castro Valley, CA 94546**

**PHYSICIAN'S MEDICATION and DOSAGE FORM**  
**FOR OVER THE COUNTER MEDICATIONS**

Dear Parent and Physician:

At His Growing Grove, if a child is to be given Over the Counter medications, we prefer that a physician approves it ahead of time.

This means that parents must predict what their child might need.

An example would be a pain reliever for teething, or benadryl for itching.

Another example would be that if a child were to develop a fever at school, and we are waiting for the parent to come, we could give a fever reducer.

Prescription medications do not need to be included on this form because the Doctor's name is on the bottle.

The staff at His Growing Grove will not give the medication without the parent's permission as well on either a written form in the office or over the phone in the event of an emergency (such as developing a fever at school.)

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

Medication & Dosage: *Example: Acetaminophen 1 teas. every 4 hours* \_\_\_\_\_

Medication & Dosage: \_\_\_\_\_

Medication & Dosage: \_\_\_\_\_

Medication & Dosage: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This form may be faxed to us: c/o His Growing Grove Fax: (510) 581-2082

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