

Parent/Guardian Authorization to Dispense Non-Prescription Medication

_____ may be administered the following non-prescription medications/preparations on an "as needed" basis at the discretion of the school nurse:

Name of Student _____

- ☐ ACETAMINOPHEN ____ mg. every ____ hours for pain or fever up to 100° Fahrenheit. (Parent will be contacted/student sent home for fevers higher than 100°.)
- ☐ IBUPROFEN ____ mg. every ____ hours for pain or fever over 100°.
- ☐ TUMS: One or two tablets every ____ hours for upset stomach WITHOUT fever.
- ☐ HYDROCORTISONE cream or ointment applied to insect bites as needed for itching.
- ☐ ANTIBIOTIC OINTMENT to minor wounds prophylactically after proper cleansing.
- ☐ THROAT LOZENGES as needed for sore throat.
- ☐ COUGH DROPS for simple cough NOT ACCOMPANIED BY FEVER OR RESPIRATORY DISTRESS.
- ☐ COUGH SYRUP ____ teaspoons every ____ hours for simple cough NOT ACCOMPANIED BY FEVER OR RESPIRATORY DISTRESS.
- ☐ BENADRYL ____ mg. every ____ hours for itching.
- ☐ ALLERGY MEDICINE (specify: _____) ____ mg. every ____ hours for nasal stuffiness NOT ACCOMPANIED BY FEVER OR RESPIRATORY DISTRESS.
- ☐ CALADRYL or calamine lotion topically as needed for itching.
- ☐ SUNSCREEN topically as needed to prevent sunburn.

Please list any other prescribed or non-prescription medications that are used by this student: _____

NOTE: ALL medications must be provided by the parent. Medication must be in the original package. Medication is to be left with the principal, school nurse, or approved designee for proper storage and monitoring of administration. The school nurse may contact the parent/guardian or licensed health care provider to clarify any medication questions.

Parent/Guardian Signature

Date

Physician Signature

Date

FY12

Physician's Phone Number