

**List of Over-the-Counter Medications
for School Protocol for Administration Indications**

<u>Medication</u>	<u>Indication</u>
Acetaminophen	Fever above 100, headache, toothache, menstrual cramps, sore throat, muscle pain, earache. May be given every 4 hours. Note will be given to student to take home if more than one dose in a day or one daily dose for 3 consecutive days is given. Dosed by weight.
Aquaphor Lip Ointment	Chapped lips. Dosing per label.
Azo Standard	Urinary pain. Dosed per label. Must be over 12. Parent notified and follow-up care discussed. Should be evaluated by a doctor.
Triple Antibiotic Ointment	First aid to help prevent infections in minor cuts, scrapes, abrasions, and rashes. Dosing per label.
Benadryl	To be administered at onset of systemic reaction characterized by rash, edema, and/or mild to moderate respiratory distress due to environmental, food, or insect allergies. Use liquid for faster absorption. Parent will be notified. Further emergency care will be facilitated as warranted by condition. Dosing per label and is weight based.
Burn Spray (Solarcaine)	Topical pain control for superficial burns without blisters, or broken skin. (sunburn, minor burns, scalds). Dosing per label.
Caladryl Clear	Relief of itching and pain associated with insect bites and rashes due to poison ivy, poison oak, and poison sumac. Dosing per label.
Calcium Carbonate (Tums)	Acid indigestion, heartburn, sour stomach. Dosing per label.
Glucose 15	To treat a hypoglycemic episode before unconsciousness occurs. Dosing per label.

Hydrocortisone Cream	Itch relief for skin rashes, poison ivy, oak, or sumac. Dosing per label.
Ibuprofen	Fever above 100, headache, toothache, menstrual cramps, sore throat, muscle pain, earache. Note will be given to student to take home. Dosing per label instructions and weight.
Menstrual Relief Tablets (Midol)	Temporary relief of cramping and bloating associated with menstrual period. Only given to menstruating females. Dosing per label.
Orajel	Temporary relief of toothaches and other minor irritation of mouth. Dosing per label.
Pepto-Bismol	Stomach upset, nausea. Dosing per label.
Thera Tears	Temporary relief of dryness and pain in eyes. Dosing per label.
Throat lozenges/Cough drops	Temporary relief of cough, pain associated with sore throat, sore mouth. Dosing per label.

I authorize the above medications to be administered to my student _____ per the above protocols. I have drawn a line through any medications that I do not wish to be given. This consent will be renewed annually and may be modified/withdrawn at any time.

Parent/Guardian Signature _____ Date _____

School Nurse Signature _____ Date _____