

School Medication Authorization Form – Over-the-Counter

To be completed by the child's parent(s)/guardian(s).

This form is to be used for over-the-counter medication. A new form must be completed every school year for over-the-counter medications. This form will be kept in the school nurse's office or, in the absence of a school nurse, the Principal's or Assistant Principal's office.

Student's Name: _____ Birth Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Emergency Phone: _____

School: _____ Grade: _____

Acetaminophen – Fever above 100, headache, toothache, menstrual cramps, sore throat, muscle pain, earache. May be given every 4 hours. Dosing per weight. A note will be given to take home if more than one dose is given in a day or one daily dose for 3 consecutive days is given.

Aquaphor Lip Ointment – Chapped lips. Dosing per label.

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, and 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.

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. Dosing per label and weight. A note will be given to take home if more than one dose is given in a day or one daily dose for 3 consecutive days is given.

Orajel – Temporary relief of toothaches and other minor irritation of the mouth. Dosing per label.

Pepto-Bismol – Stomach upset or nausea. Dosing per label.

Thera Tears – Temporary relief of dryness and pain in eyes. Dosing per label.