



2021-2022 AUTHORIZATION TO ADMINISTER OTC MEDICATION

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current Weight: (for dosing purposes) \_\_\_\_\_

The school nurse will carry the following medications to be dispensed at her discretion. If you would like your child to be treated, please indicate so by filling in the spaces below. Remember, a medication sheet **must** be filled out for each child and signed by a parent **before** any medication can be administered. **All medication must be dispensed by the nurse and dosing will be per medication container instructions.**

I give permission for my child, \_\_\_\_\_, to be treated with the following medication(s) when deemed necessary by the POP nurse.

Child's Name

Please check all that apply and indicate appropriate dosage where necessary.

\_\_\_\_\_ **TYLENOL** (acetaminophen) – for headache/cramps/orthodontic pain, or fever above 100°
\_\_\_\_\_ Junior Strength 160 mg – liquid form
\_\_\_\_\_ Regular Strength 325 mg – pill form

\_\_\_\_\_ **ADVIL** (ibuprofen) – for headache/cramps/orthodontic pain/ inflammation or fever above 100°
\_\_\_\_\_ Junior Strength 100 mg – liquid
\_\_\_\_\_ Regular Strength 200 mg – pill

\_\_\_\_\_ **CORTISONE** (hydrocortisone) – for itching associated with minor skin irritations, rashes, or bug bites
\_\_\_\_\_ 1% cream/spray

\_\_\_\_\_ **ANTIBIOTIC CREAM** – for minor cuts, scrapes, or burns

\_\_\_\_\_ **TUMS** (calcium carbonate) – for occasional stomach aches or indigestion

\_\_\_\_\_ **GAS X** (simethicone) – for occasional discomfort from gas pains

\_\_\_\_\_ **MOISTURIZING EYE DROPS** – for dry/irritated eye relief

\_\_\_\_\_ **BENADRYL** (diphenhydramine HCl 12.5 mg)- for minor allergic reactions/bee stings/ant bites

Parent's Name Printed

Parent's Signature

Today's Date

Cell Number

Home Number

Work Number

We light the Candles, They light the World.