



Over the Counter Medication Order

Dear Parent(s) / Guardian,

By law students cannot be given any over the counter medications or treatments unless there is a written order from your child's health care provider and written parental permission to administer these medications.

Having these orders on hand allows us to treat a child's headache, aches and pains, stomach ache, allergy symptoms and minor injuries with the goal of keeping our students in class.

ALL medications are kept in the Health Office.

Please have your health care provider initial the medications appropriate for your child.

Please attach any additional Over the Counter Medication Orders to this document.

The completed form can be sent to school with your child on the first day of school, or faxed to me at 518-437-8677.

Thank you.

Sincerely,

Kimberly Whelan BSN/RN

TVHS School nurse



Over the Counter Medication Order

Student's Name _____ Date of Birth _____

1. _____ Acetaminophen 650 mg po Q 4-6 hours prn Pain or Fever
❖ (Not to exceed 4,000mg/24 hour period)
2. _____ Ibuprofen 200-400mg po Q 4-6 hours prn for pain relief
or fever
❖ (Not to exceed 1200mg / 24 hours unless specified by MD)
3. _____ Benadryl 25mg po Q 6-8 hours prn for relief of allergy
symptoms
❖ (Not to exceed 300mg per 24 hour period)
4. _____ Antacid Tablets (Regular Strength) chew 2-4 tab as
symptoms occur
❖ (Not to exceed more than 15 tabs per 24 hour period)
5. _____ Antiseptic Solution prn
6. _____ Bacitracin / Neosporin Ointment prn
7. _____ Caladryl / Calamine Lotion prn for relief of itching skin

Date _____ Provider's Signature _____ Tel. # _____

Date _____ Parent's Signature _____ Tel. # _____