EMMANUEL
CHRISTIAN ACADEMY

FAX: (937) 390-0966

2018/2019 AUTHORIZATION FOR NON-PRESCRIBED MEDICATIONS

Name:_____

Date of Birth:_____

Grade Entering:_____

To the Parent/Guardian:

The following information is necessary to administer any non-prescribed medication. Please complete ALL spaces. Please initial the treatment lines and fill in appropriate doses you wish your child to receive. The clinic nurse may not administer any type of medication without a physician's order as directed by ORC 4723.01.

_____ 1. Headache/Muscle Soreness or Generalized Aches: Tylenol (Acetaminophen) or Motrin (Ibuprofen): dosage calculated per weight in children weighing less than 95 lbs. If child is >95 lbs., please fill out the following:
Tylenol _____mg every 4-6 hours as needed or Ibuprofen _____mg every 6-8 hours as needed.

_____ 2. Menstrual Cramping: Midol (Acetaminophen/Caffeine/Pyrilamine), Tylenol (Acetaminophen) Motrin (Ibuprofen) (Dose as described above), or Midol Maximum Strength (Acetaminophen/Caffeine/Pyrilamine) Give _____ tablets.

_____ 3. Toothache: Orajel, Tylenol (Acetaminophen), Motrin (Ibuprofen) (Dose as described above).

_____ 4. Upset Stomach: Tums (antacid) 1-2 chewable tablets

_____ 5. Sore Throat: Throat Lozenge, Tylenol (Acetaminophen) or Motrin (Ibuprofen) (Dose as described above).

_____ 6. Cough: Robafen DM (Dextromethorphan 10mg/Guaifenesin 100mg per 5mL): Typical Dose= Ages ≥ 12 yrs: 10mL q6-8hr, Ages 6-11: 5-10mL q6-8hrs (Please specify any dose changes if needed) or Cough drop

_____ 7. Cuts/Abrasions/Floor Burns (or other 1st degree burns): Triple antibiotic ointment, Burn spray (Topical Lidocaine 2%)

_____ 8. Generalized itching due to insect-bite or non-communicable & non-draining rashes: Calagel, Hydrocortisone 1% cream

_____ 9. Seasonal Allergies/Allergic Reaction: Benadryl liquid or capsule (Ages 6-12: 12.5mg-25mg & > 12 yrs: 12.5mg-50mg).
Note: Please alert the clinic nurse of any allergies.

_____ 10. Bee Stings: Swab with Insect Sting Swabs (20% Benzocaine).
Note: Please alert the clinic nurse if a Bee Sting allergy exists.

_____
Printed Name of Parent/Guardian

→ _____
Signature of Parent/Guardian Date Contact Number

→ _____
Physician's Signature Date Contact Number

- If you send non-prescribed medication to school with your child to be taken outside of the clinic, the clinic nurse assumes no responsibility for the safe delivery of that medication.
- If a student is directed by a physician to be on an over the counter medication for an extended period of time, a Medication Authorization Form must be completed by the physician and parent/guardian. That medication should be provided by the student's parent/guardian and kept in the clinic.
- Saltines and 7-up or Ginger Ale are kept in the clinic. Please contact the clinic nurse if you DO NOT want these items given to your child.