



FAX: (937) 390-0966

2017/2018 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) or 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: Cough drop
- \_\_\_\_\_ 7. Cuts/Abrasions/Floor Burns (or other 1<sup>st</sup> 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% or 2% 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.