



## OVER-THE-COUNTER (OTC) MEDICATION FORM

STUDENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PHYSICIAN NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

The following over-the-counter medications are available at High Meadow School, and can be administered as needed per label instructions by age and weight of the student. **PLEASE NOTE: Absolutely NO over-the-counter medications, treatments, or topical ointments can be administered without a physician and parent's signature, in accordance with New York State Education Law, Title 139, Section 6902.**

**TO THE PROVIDER: Please, indicate approval for administration by circling yes or no in the space indicated.**

MEDICATION	ROUTE	DOSAGE	SCHEDULE AND INDICATIONS	MAY BE ADMINISTERED
Tylenol (acetaminophen)	By mouth (elixir or tablets)	Per label instructions by age and weight	Q4H PRN pain or fever >__°F	Yes No
Motrin (ibuprofen)	By mouth (elixir, suspension, tablets)	Per label instructions by age and weight	Q4H PRN pain or fever >__°F	Yes No
Benadryl (diphenhydramine)	By mouth (elixir, tablets, capsules)	Per label instructions by age and weight	Q6H PRN allergies, or insect bites	Yes No
Tums (calcium carbonate)	By mouth (tablets)	Per label instructions by age and weight	Q2H PRN gastric upset	Yes No
Sunblock or Sunscreen	Apply topically	SPF $\geq$ 30	Apply PRN prior to sun exposure	Yes No
Antibacterial Ointment	Apply topically	Appropriate for injury	Apply 1-3x daily PRN minor cuts	Yes No
Hydrocortisone Cream 1%	Apply topically	Hydrocortisone 1%	Apply 3-4x daily PRN skin irritation	Yes No
Emergency Eyewash Solution	Ophthalmic administration	Per label instructions	PRN for foreign body/substance in eye	Yes No
Cough Drops	By mouth (lozenges)	Per label instructions	PRN for cough/discomfort	Yes No

PLEASE NOTE: THIS FORM IS **NOT VALID** WITHOUT THE PHYSICIAN'S OFFICE STAMP

PHYSICIAN'S SIGNATURE \_\_\_\_\_

STAMP :

DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_