

## Parent/Guardian Authorization to Dispense Non-Prescription Medication

Registered nurses and licensed practical nurses cannot administer non-prescribed OTC medications without an order from a licensed prescriber.

\_\_\_\_\_ may be administered the following non-prescription  
Name of Student  
 medications/preparations on an "as needed" basis at the discretion of the school nurse:

- ACETAMINOPHEN \_\_\_ mg. every \_\_\_ hours for pain or fever up to 100.4° Fahrenheit. (Parent will be contacted/student sent home for fevers higher than 100.4°. A school nurse excuse will be issued for the absence.)
- IBUPROFEN \_\_\_ mg. every \_\_\_ hours for pain or fever over 100.4°.
- TUMS: One or two tablets every \_\_\_\_\_ hours for upset stomach WITHOUT fever.
- HYDROCORTISONE cream or ointment applied to insect bites as needed for itching.
- ANTIBIOTIC OINTMENT to minor wounds prophylactically after proper cleansing.
- THROAT LOZENGES as needed for sore throat.
- COUGH DROPS for simple cough NOT ACCOMPANIED BY FEVER OR RESPIRATORY DISTRESS.
- COUGH SYRUP \_\_\_\_\_ teaspoons every \_\_\_\_\_ hours for simple cough NOT ACCOMPANIED BY FEVER OR RESPIRATORY DISTRESS.
- BENADRYL \_\_\_ mg. every \_\_\_ hours for itching.
- ALLERGY MEDICINE (specify: \_\_\_\_\_) \_\_\_\_\_ mg. every \_\_\_\_\_ hours for nasal stuffiness NOT ACCOMPANIED BY FEVER OR RESPIRATORY DISTRESS.
- CALADRYL or calamine lotion topically as needed for itching.
- SUNSCREEN topically as needed to prevent sunburn.

Please list any other prescribed or non-prescription medications that are used by this student: \_\_\_\_\_

**NOTE: ALL medications must be provided by the parent. Medication must be in the original package. Medication is to be left with the principal, school nurse, or approved designee for proper storage and monitoring of administration. The school nurse may contact the parent/guardian or licensed health care provider to clarify any medication questions.**

\_\_\_\_\_  
 Parent/Guardian Signature      Date

\_\_\_\_\_  
 Physician Signature      Date

FY18

\_\_\_\_\_  
 Physician's Phone Number