



LACORDAIRE ACADEMY

HEALTH OFFICE

Authorization Form for Over the Counter Medications

Student's Name _____ Grade _____

By law the school nurse needs an approved form from the student's physician and parent/guardian permission before she can administer any form of medication.

IMPORTANT:

Physician, please initial all medications/orders you would like the above student receive at school.

- _____ Ibuprofen (Advil, Motrin) **Child 12 and older:** 200-400mg every 6 hours prn headache, menstrual cramps or fever; **Child 4-11:** 5-10mg/kg every 6 hours prn fever or pain
- _____ Acetaminophen (Tylenol) **Child 12 and older:** 325-650mg every 4 hours prn headache, pain or fever; **Child under 12:** 10-15mg/kg every 4 hours prn headache, pain or fever
- _____ Benadryl Liquid (**Child 2-5yrs:** 6.5mg every 4 hours prn; **Child 6-11yrs:** 12.5-25mg every 4 hours prn; **Child 12 and over:** 25-50mg every 4 hours prn) allergies or allergic reaction.
- _____ Tums 2-4 tablets prn upset stomach
- _____ Cough Drops, 1 every 2 hours prn cough
- _____ Calamine Lotion prn for itching or rash
- _____ Sterile Eye Wash prn for foreign body removal

Physician's Signature _____ **Date** _____

Physician's Office Stamp

Parent/Guardian Signature _____ **Date** _____