

NORTH MAC SCHOOL DISTRICT #34

PLEASE CHECK THE BOXES OF APPROVED OVER THE COUNTER MEDICATIONS TO BE ADMINISTERED DURING THE SCHOOL YEAR

Medication doses are administered appropriately for weight, age, and symptoms. All scheduled OTC medications will require a separate prescription order.

For the relief of headache, minor aches, discomfort, sore throat, generalized pain or fever that is greater than 100.5.

Acetaminophen (Tylenol) or generic equivalent by mouth _____ Dose

Ibuprofen (Advil) or generic equivalent by mouth _____ Dose

For the relief of nasal and sinus congestion or allergy relief or allergic reactions:

Benadryl or generic equivalent by mouth _____ Dose

For the cleaning and care of wounds, minor scrapes, abrasions, and minor cuts/burns:

Antiseptic Wound cleaner, Hydrogen peroxide (or generic equivalent): apply to affected areas.

Neosporin, Triple Antibiotic – ointment/creams (or generic equivalent): apply to affected areas.

Burn Spray: for minor burns apply to affected areas sparingly.

For the relief or itching associated with rashes, inflammation, and rashes due to allergic reactions, or insect bites:

Hydrocortisone Cream 0.5% or 1% - apply to affected area sparingly.

Benadryl Cream/ Ointment/Gel (or generic equivalent): apply to affected sparingly.

Sting Swabs (or generic equivalent): apply to affected sparingly.

To aid in the relief of acid indigestion, upset stomach, or gastric reflux.

Tums, (or generic equivalent) give 1-2 tablets as directed by mouth.

For cough relief or sooth minor sore throat pain.

Cough drops- dissolve slowly in mouth.

For minor mouth irritations, gum discomfort, or toothache:

Orajel (or generic equivalent): apply to affected sparingly.

For relief of dry, itchy, irritated eyes.

Sterile Eye Wash – used as directed to irrigate eye(s) of debris.

For relief of menstrual cramps or PMS symptoms:

Midol tablets (or generic equivalent) Adults & Children 12 years or older by mouth.

School Year _____ Student/Patient Name _____

Parents Signature _____

Physician Name (Printed) _____

Physician Signature _____