

Intermediate District 287

RESPONSIVE. INNOVATIVE. SOLUTIONS.

APPROVED NON-PRESCRIPTION MEDICATIONS

Student's Name: _____ Date: _____

Date of Birth: ____ / ____ / ____

The following over-the counter medications are those that may be given while your student is at school with parent/guardian signature below. Generic substitutes or store brand, if equivalent, may be used.

The school nurse will determine whether medication is appropriate for each situation. Any medications not listed here, or in larger doses, will require a physician order.

Parents/guardians do not need to supply these medications.

Please cross out those medications that you do not want given to your student.

Fever/Discomfort:

Tylenol (Acetaminophen) - every 4-6 hours as needed for fever/discomfort; dose based on bottle instructions and size and age of student, not to exceed manufacturer instructions

Advil (Ibuprofen) - every 4-6 hours as needed for pain; dose based on bottle instructions and size and age of student; not to exceed manufacturer's instructions

Menthol cough lozenges- 1 lozenge as needed every 2 hours

Upset Stomach/Heartburn:

TUMS (calcium carbonate antacids) – chew 2-4 tabs as symptom occur. Do not take more than 10 tablets in 24 hours

Topical/First Aid Antibiotic Cream/Ointment:

Sunscreen 15 SPF or greater- apply 30 minutes prior to sun exposure, reapply every 1-2 hours

Neosporin/Bacitracin (Triple Antibiotic cream) - clean affected area with soap and water. Apply small amount of cream/ointment equal to surface area of injury. Apply dressing as needed.

Parent/Guardian Signature: _____ Date: _____