

**Permission to Administer
Over the Counter (OTC)
Medication**

Listed below are OTC medications available at school to be administered only during the hours that the nurse or authorized licensed person is available. Please initial, or write NO next to each medication that you would like made available to your child should he/she request it. Return this form to school with your signature.

MEDICATION	Weight/Age	Dose	Symptoms	I agree (initial) disagree (write NO)
Acetaminophen (Tylenol, tablets, Chewable, liquid)	24-35	160 mg	fever, head ache general pain	_____
	36-47	240mg		
	48-59	320mg		
	60-71	400mg		
	72-95	480mg		
	>95	650mg		
Ibuprofen (Motrin, Advil as capsules, chewables and liquid)	24-35	100 mg	fever, headaches, general pain and menstrual cramps)	_____
	36-47	150 mg		
	48-59	200 mg		
	60-71	250 mg		
	72-95	300 mg		
	> 95	400 mg		
Diphenhydramine (Benadryl liquid)	Ages 6-12 > 12 y.o.	12.5 mg	allergy symptoms	_____
		25 mg		
TUMS		2 tablets	upset stomach, Indigestion	_____
Throat lozenge	age appropriate	1	minor irritation	_____
Triple antibiotic	topically	to cover	minor cuts, scrapes	_____
Calamine/Calagel	topically	to cover	poison ivy, mosquito	_____
1%Hydrocortisone cream	topically	to cover	minor skin irritation	_____

I agree to have the school nurse/ authorized licensed personnel from the Hebrew Academy administer the above medication(s) to my child as needed.

Child's name _____

Parent/Guardian sign _____ **Date** _____

School's MD advisor signature on file at the school.

Revised 9/2008

C. Ganelis MD 3/20/09
Kathleen Catford RN 3/20/09