Over the Counter Medication Order

Dear Parent(s) / Guardian,

By law students cannot be given any over the counter medications or treatments unless there is a written order from your child’s health care provider and written parental permission to administer these medications.

Having these orders on hand allows us to treat a child’s headache, aches and pains, stomach ache, allergy symptoms and minor injuries with the goal of keeping our students in class.

ALL medications are kept in the Health Office.

The completed form can be sent to school with your child on the first day of school, or faxed to me at 518-437-8677.

Thank you.
Sincerely,

Kimberly Whelan BSN/RN
Tech Valley High School
246 Tricentennial Drive
Albany, NY 12203
Phone: 518.862.4962
Fax: 518.437.8677
kwhelan@techvalleyhigh.org
Over the Counter Medication Order

Student’s Name: ___________________________ Date of Birth: ________

1. _____ Acetaminophen 650 mg po every 6 hours prn Pain or Fever.
   ❖ (Not to exceed 3,000mg/24 hour period unless specified by MD)

2. _____ Ibuprofen 200-400mg po Q 4-6 hours prn for Pain or Fever.
   ❖ (Not to exceed 2,400mg / 24 hours unless specified by MD)

3. _____ Benadryl 25mg po Q 6-8 hours prn for relief of Allergy Symptoms.
   ❖ (Not to exceed 200mg per 24 hour period)

4. _____ Antacid Tablets (Regular Strength) chew 2-4 tab as symptoms occur.
   ❖ (Not to exceed more than 15 tabs per 24 hour period)

5. ___________ Antiseptic Solution prn

6. ___________ Bacitracin / Neosporin Ointment prn

7. ___________ Caladryl / Calamine Lotion prn for relief of itching skin.

Date:_______ Provider’s Signature_______________________ Tel. # __________
Date:_______ Parent’s Signature_________________________ Tel. # __________