



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,

Kim

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.
8. _____ Student may self-apply **Sunscreen** as necessary

Date: _____ Provider's Signature _____ Tel. # _____

Date: _____ Parent's Signature _____ Tel. # _____