

Medication List

Student's Name:		Allergies:	
medications shall be administed additional prescription medication	ered only according to their do on or extensive medical treatment parent or guardian will be contact	onservative treatment of students. All losage instructions or directions. Any nt will require a physician's order. For cted prior to the administration of pain,	
Please check the medications that	may be given.		
☐ ALL MEDICATIONS BELO	OW ARE APPROVED		
Allergies/Sinus Congestion ☐ Children's Benadryl ☐ Children's Claritin, chewable ☐ Children's Claritin liquid	First Aid ☐ Triple Antibiotic Ointment ☐ Antiseptic wash ☐ Hydrogen Peroxide	Miscellaneous ☐ Purified water eye wash ☐ Orajel ☐ Children's Tums	
<u>Cough</u> □ Cough Drops	Pain/Fever ☐ Children's Acetaminophen Suspension (Tylenol) ☐ Children's Ibuprofen Suspension (Motrin, Advil)	Skin Irritation ☐ 1% Hydrocortisone Cream ☐ Benadryl Itch Stopping Cream – Original Strength ☐ Benadryl Gel ☐ Calamine Lotion	
Comments:			
I have read the above list condition warrants.	of medications and will allow m	y child to receive them as his/her	
Family Member's Signature	e Date		
Phone #			