Medication List

Student’s Name: ___________________________  Allergies: ___________________________

The following medications are available for use in the conservative treatment of students. All medications shall be administered only according to their dosage instructions or directions. Any additional prescription medication or extensive medical treatment will require a physicians order. For children under the age of 8, a parent or guardian will be contacted prior to the administration of pain, fever or allergy medication unless otherwise stated below.

Please check the medications that may be given.

☐ ALL MEDICATIONS BELOW 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

**Cough**
- ☐ 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 of medications and will allow my child to receive them as his/her condition warrants.

Family Member’s Signature ___________________________  Date ________________

Phone # ___________________________