

Career & Tech FAX (914) 248-2473

Walden FAX (914) 245-2427

Pines Bridge FAX (914) 248-3801

Fox Meadow FAX (914) 248-3659

## PRN Over-the-Counter Medication Form

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Weight: \_\_\_\_\_

**Medications to be given in school, at request of parent (please, cross out any medication *not* to be given)**

Drug Name	Route	Dosage and Schedule	Indications	Comments
Tylenol (or generic)	PO (chewable, elixir, or tabs) PR (suppository)	Per label instructions by age/weight	Pain or Fever	
Ibuprofen	PO (Chewable tabs, Suspension, or tabs)	Per label instructions by age/weight	Pain or Fever	
Antibiotic Ointment	Topical	Per label instructions by age/weight	Superficial cuts/abrasions	Check allergy history
0.5% Hydrocortisone cream	Topical	Per label instructions by age/weight	Allergic reactions (contact dermatitis, insect bites)	
Benadryl (or generic)	PO (Elixir, chewable tabs or pills)	Per label instructions By age/weight	Allergic reactions (hives, insect bite)	Call office for respiratory problems
Oxygen	Mask/Cannula			

Parent Signature: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Any medication ordered for student must be provided by the parent/guardian

*Service and Innovation Through Partnership*