

Laurens Central School

"A Community Center"

P. O. Box 301
Laurens, New York 13796
Telephone (607)432-2050
Fax (607)432-4388

OVER-THE-COUNTER MEDICATIONS ORDER

If you wish your child to receive **ANY** medications during school hours, State Education Department regulations require **written permission from a health care provider (MD, OD, PA, NP) and parent**. This includes all prescriptions and/or over-the-counter medications. **THIS WRITTEN PERMISSION MUST BE RENEWED ANNUALLY.**

Student Name _____ Grade _____

A. Permission for School Nurse to administer the following first aid products: (please circle appropriate items)

1. Eucerin or Lubriderm lotion (for sensitive skin) (for dry skin)
2. first aid spray or cream
3. antibiotic ointment
4. Vaseline (usually for chapped lips)
5. cough drops
6. tums
7. sunscreen
8. hydrocortisone cream 1%
9. calamine lotion

B. Other over-the-counter medications: (please circle appropriate items) Student Weight: _____

Yes No Acetaminophen - as indicated per weight of student for headache, cramps, fever >101,
PRN every 4 to 6 hours

Yes No Ibuprofen - as indicated per weight of student for headache, cramps, muscle or body aches,
PRN every 6 to 8 hours

Yes No Benadryl - 12.5mg to 25 mg PRN every 6 hours for mild to moderate allergic reaction

C. Food/Drug Allergies (include description of reaction)

HEALTHCARE PROVIDER NAME: _____ DATE _____

HEALTHCARE PROVIDER SIGNATURE: _____

PARENT SIGNATURE: _____ DATE _____