## PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS

2020-2021

As required by the State of Maryland, TSGW will **ONLY** administer over the counter medication to a student with written consent of **BOTH** the parents and the physician. **No over-the-counter medication will be administered unless this form is on file.**

___ I authorize the Nurse/ Medication Technician to use her discretion to give my child any of the initialed medications noted below.

___ I wish to be called before the Nurse/ Medication Technician dispenses any medication.

___ I do not want my child to receive any medication at school.

Student name _____________________________________ Grade ___________ Weight __________ lbs.

**PARENT SIGNATURE** ____________________________________________ Date ______________

### Physician: Please Initial Next To Those You Authorize Your Patient To Receive:

**ACETAMINOPHEN:**
- Children/Jr. (liquid or chewable): Age/weight appropriate dose as needed every 4-6 hours _____ or
- Adult Strength (325 mg/ 1 tablet) Age/weight appropriate dose as needed every 4-6 hours _____ or
- Extra Strength (500 mg/ 1 tablet) Age/weight appropriate dose as needed every 4-6 hours _____

**IBUPROFEN:**
- Junior strength – (100 mg/ml) Age/weight appropriate dose as needed every 6-8 hours _____ or
- Adult strength – (200 mg/tablet) Age/weight appropriate dose as needed every 6-8 hours _____

**BENADRYL** (diphenhydramine) for children ages 6+:
- (12.5 mg) _____ (25mg) _____

**CLARITIN** (loratadine):
- (5 mg) _____ (10mg) _____

**BENADRYL CREAM/Spray** _____ **ANTIBIOTIC OINTMENT** _____

**CHEWABLE ANTACID (TUMS)** _____ **THROAT LOZENGE** _____

### FOR PHYSICIAN:
The above listed student may receive the medications initialed above.

__________________________________________________________________________________________

**PHYSICIAN SIGNATURE** ____________________________________________ Date ______________

__________________________________________________________________________________________

Physician name or stamp