

Runnels School Over-the-Counter Medication Physician's Orders

17255 South Harrell's Ferry Road
Baton Rouge, LA 70816
www.runnels.org

Fax: Preschool – 927-5649, Elementary - 753-0276, High School – 756-5837

Student's Name _____ DOB _____ Gender _____ Grade _____
Weight: _____ Height: _____ Allergies: _____

The following over-the-counter medications are available for students during the current school year. This order will expire one year from date of Physician's signature. Administration of the following medications must be approved by the student's medical doctor. **This form must be completed, signed, and dated by a licensed physician.** Parent or legal guardian must sign and date form as well.

Please check all that apply:

- Acetaminophen** (Tylenol) 10-15 mg/kg po every 4 hours prn for temperature ≥ 101 ; pain/discomfort
- Ibuprofen** (Motrin/Advil) 10 mg/kg po every 6 hours prn for musculoskeletal injury; pain; fever
- Oral Benadryl** (diphenhydramine hydrochloride) 1mg/kg po every 6 hours prn for severe itching, hives, moderate to severe allergic reaction
- Topical Antibiotic Ointment** (Polysporin) Apply to affected area with dressing change prn to prevent wound infection
- Topical Benadryl cream/gel** Apply to affected area every 4-6 hours prn for temporary relief of itching from insect bites, skin irritations, and rashes due to poison ivy, oak, or sumac.
- Topical Hydrocortisone 1%** Apply to affected area every 4-6 hours prn for temporary relief of minor skin irritations due to rash, insect bites, etc.
- Midol or Midol generic-Teen Formula** 325 - 500 mg Acetaminophen and 25mg Pamabrom (diuretic) 2 Tablets po every 6 hours prn for menstrual cramps
- Naproxen Sodium** (Aleve) 220 mg, 1 Caplet po every 8-12 hours prn for menstrual cramps, muscular aches
- Calcium Carbonate** (TUMS) 2 Chewable Tablets prn for indigestion, heartburn
- Cough Drops** (cough suppressant/oral anesthetic) Sugar-free 6.1 mg Menthol per drop or 8 mg Menthol per drop. 1 Cough Drop every 2 hours prn
- Loratadine** (Claritin/Alavert) Age 2-5, give 5mg PO daily/Age 6 to Adult, give 10mg PO daily PRN minor allergies, hayfever, itching

Physician's Signature _____ Date: _____

Physician's Printed Name: _____ Office Phone # _____

I understand and agree that Runnels School and its employees are not responsible for any unintentional mistakes in keeping and giving my child medication. I agree to hold Runnels School free and harmless of liability from injuries that might occur as a result of the administration of medications by school employees.

Parent/Legal Guardian's Signature _____ Date _____