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**Over-the-Counter Medications**

If you wish to haveyour child receive any of these over-the-counter medications in the 2017-18 school year, please **check the box** next to the medication(s) you wish them to receive. You and your child’s physician MUST sign this form.

**Standing Physician’s Orders**

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| --- | --- |
|[ ]  **Acetaminophen elixir, tablets or suppository (for fever or pain):****Every attempt will be made to contact parent/guardian prior to administration** | **4 to 5 y.o – 240 mg per dose q 4h po/prn** |
|  |  | **6 to 8 y.o – 320 mg per dose q 4h po/prn** |
|  |  | **9 to 10 y.o – 400 mg per dose q 4h po/prn** |
|  |  | **11 to 12 y.o – 480 mg per dose q 4h po/prn** |
|  |  | **>12 y.o – 300 to 650 mg per dose q 4h po/prn** |
|[ ]  **\*Alternate dosing schedule:** | **5 to 10 mg/kg per dose q 4h po/prn** |
|[ ]  **Benadryl elixir (12.5 mg/5ml): (for allergic symptoms: i.e., itchy eyes, runny nose, hives) (after consultation with private or school health care provider, i.e. MD, NP, PA) Parent/guardian will be contacted prior to administration** | **6 to 12 y.o – 1 to 2 tsp. po x 1 dose prn** |
|  |  | **>12 y.o – 3 tsps. po x 1 dose prn** |
|[ ]  **\*Alternate dosing schedule:** | **1.25 mg/kg/dose po x 1 dose prn** |
|[ ]  **Lotrimin Cream 1%:** | **For topical use for fungal/yeast rash x 1 during school day OR 1 diaper change prn (after consultation with school or private health care provider, i.e. MD, NP, PA)** |
|[ ]  **Bacitracin Ointment:** | **For topical use for infected skin lesions x 1 during school day prn** |
|[ ]  **Hydrocortisone Cream 0.5 to 1.0%:** | **For topical use for poison ivy, sunburn and/or atopic dermatitis x 1 to x 2 during school day or q diaper change prn** |
|[ ]  **Eucerin Cream:** | **For topical use for dry skin x 1 during school day prn** |
|[ ]  **A & D Ointment/Balmex Cream:** | **For topical use for diaper dermatitis q diaper change prn** |
|[ ]  **Sunscreen with PABA:** | **For topical use x 1 - 3 times to skin areas exposed to sun to be applied before strong sun exposure** |
|[ ]  **Caladryl (for inflamed or pramitic skin rash):** | **For topical use 1 to 2 times for poison ivy during school day prn** |
|[ ]  **Betadine:** | **For topical use on abrasions, lacerations x 1 during school day prn** |

**Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Return Form to:**

**Fax form to:** Questar III Health Services (518) 273-4129 **Email form to:** **pryan@questar.org**

**Mail to:** Questar III Health Services, Rensselaer Educational Center, 35 Colleen Road, Rensselaer, NY 12180