

TheCaedmonSchool

Medication List

Student's Name: _____

Allergies to: _____

The following medications are available for use in the conservative treatment of Students. All medications shall be administered only according to their dosage instructions or directions. A physician shall prescribe any additional prescription medication or extensive medical treatment. You and your physician must sign this form in order for your child to be administered the below medications by the Health Director or Staff certified in medication administration.

Please have your physician sign this list.

Please check the medications that may be given.

ALL MEDICATIONS BELOW ARE APPROVED

Allergies/Sinus Congestion

- Children's Sudafed - Nasal Decongestant
- Children's Benadryl
- Children's Tylenol
- Children's Claritin

First Aid

- Triple Antibiotic Ointment
- Providone Iodine Solution
- Hydrogen Peroxide
- Isopropyl Alcohol
- First Aid Spray: Antiseptic

Miscellaneous

- VISINE TEARS Dry Eye Relief
- VISINE A.C.

Cough

- Robitussin Pediatric Cough Long-Acting

Pain/Fever

- Children's Tylenol
- Children's Advil Chewables
- Children's Advil Suspension (liquid)

Skin Irritation

- 1% Hydrocortisone Cream
- Benadryl Itch Stopping Cream – Original Strength
- Benadryl Extra Strength Spray

Comments: _____

I have read the above list of medications and will allow my child to receive them as his/her condition warrants.

Family Member's Signature

Physician's Signature

Date

Date