



Medication List

Student's Name: _____

Allergies: _____

The following medications are available for use in the conservative treatment of students while at school. All

medications shall be administered only according to their dosage instructions or directions. Any additional prescription medication or extensive medical treatment will require a physician's order.

Please check the medications that may be given.

ALL MEDICATIONS BELOW ARE APPROVED

Allergies/Sinus Congestion

- Children's Benadryl
- Children's Zyrtec
- Children's Claritin

First Aid

- Triple Antibiotic Ointment
- Antiseptic wash
- Hydrogen Peroxide

Miscellaneous

- Purified water eye wash
- Orajel
- Children's Antacid

Cough

- Cough Drops

Pain/Fever

- Children's Acetaminophen Suspension (Tylenol)
- Children's Ibuprofen Suspension (Motrin, Advil)

Skin Irritation

- 1% Hydrocortisone Cream
- Benadryl Cream
- Benadryl Gel

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

Phone # _____

Date _____

Physician's Signature

Physician's License # _____

Date _____