

OVER-THE-COUNTER MEDICATION AUTHORIZATION FORM

MUST BE COMPLETED & SIGNED BY CHILD'S PHYSICIAN

_____ may be given the following over the counter medications
Child's name
according to the dosage on the container. This is a standing order which is good until
the child outgrows dosage on the container.

- | | |
|---------------------------------|------------------------------|
| _____ Acetaminophen (Tylenol) | _____ Other (please specify) |
| _____ Ibuprofen (Motrin, Advil) | _____ |
| _____ Coughing remedy | _____ |
| _____ Teething remedy | _____ |
| _____ Anti-itch remedy | _____ |
| _____ Sunscreen | |

_____ Parents/legal guardians may choose other appropriate OTC medications for above child.

_____ I authorize only the medications specified.

Prescribing Physician/PA/APRN

Date

Prescribing Professional Name/Address/Phone Number
(may be written or stamped)

Parent(s): Please fill out the additional appropriate authorization form. For the safety of all our children, hand all medications and forms to the Director/Classroom teacher. If forms are not completed accurately, staff will not be able to give a medication, and you will be contacted.

Thank you.

*Angela D. Kuehnen, RN, BSN
N2 Kids, Registered Nurse*