

Cincinnati Classical Academy
Over the Counter Medication Authorization Form

Student Information

| Student Name & Address | Date of Birth | Grade/ Homeroom | Student Allergies |
|------------------------|---------------|--------------------|-------------------|
| | | | |

Over the Counter Medication Options

Ibuprofen (Advil, Motrin) - PRN; every 6-8 hours for discomfort related to headache, fever, muscle pain, etc

- | | | |
|---|--|---|
| <input type="checkbox"/> 36-47 lbs / 4-5 yrs - 150 mg | <input type="checkbox"/> 60-71 lbs / 9-10 yrs - 250 mg | <input type="checkbox"/> 96 lbs + / 12 yrs & older - 200 mg |
| <input type="checkbox"/> 48-59 lbs / 6-8 yrs - 200 mg | <input type="checkbox"/> 72-95 lbs / 11 yrs - 300 mg | <input type="checkbox"/> 96 lbs + / 12 yrs & older - 400 mg |

Acetaminophen (Tylenol) - PRN; every 4-6 hours for discomfort related to headache, fever, muscle pain, etc

- | | | |
|---|--|---|
| <input type="checkbox"/> 36-47 lbs / 4-5 yrs - 240 mg | <input type="checkbox"/> 60-71 lbs / 9-10 yrs - 400 mg | <input type="checkbox"/> 96 lbs + / 12 yrs & older - 325 mg |
| <input type="checkbox"/> 48-59 lbs / 6-8 yrs - 320 mg | <input type="checkbox"/> 72-95 lbs / 11 yrs - 480 mg | <input type="checkbox"/> 96 lbs + / 12 yrs & older - 650mg |

Calcium Carbonate 750 mg (TUMS) - PRN for nausea, heartburn, upset stomach, once per day at school

- | | |
|---|---|
| <input type="checkbox"/> 1-2 chewable tablets | <input type="checkbox"/> 2-4 chewable tablets |
|---|---|

Cetirizine HCl (Zyrtec) - PRN; 1 tablet every 24 hours for allergy symptoms

- | | |
|-------------------------------|--------------------------------|
| <input type="checkbox"/> 5 mg | <input type="checkbox"/> 10 mg |
|-------------------------------|--------------------------------|

Diphenhydramine HCl (Benadryl) - PRN; every 4-6 hours as needed for allergy symptoms

- | | |
|--|---|
| <input type="checkbox"/> 48-95 lbs / 6-11 years - 12.5-25 mg | <input type="checkbox"/> 95 lbs & over / 12-18 years - 25-50 mg |
|--|---|

First Aid / Other Items for PRN use

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Antibiotic Ointment for minor wounds (1-3x daily) | <input type="checkbox"/> 1% Hydrocortisone cream for itching from bug bites, rashes, etc (apply 3-4x daily) | <input type="checkbox"/> Cough Drops |
| <input type="checkbox"/> Calamine lotion for Poison Ivy (apply 3-4x daily) | | |

Physician Signature (Required)

Physician Signature: _____ Phone #: _____

Physician Name (Print): _____ Date: _____

Parent Permission (Required)

By signing this form, I give permission for the designated employee at Cincinnati Classical Academy to give the above medication to my child while at school. I further release Cincinnati Classical Academy from any liability concerning the administration or non-administration of the medication to my child for the medication(s) as ordered.

Parent Signature: _____ Phone #: _____ Date: _____