

# Dutchess Day School

## Authorization for the Administration of Over the Counter and Prescription Medication School Year 2010-2011

(No medication may be given in the school without a written order from a physician and parental consent. All medication must be in the original bottle with the physician's prescription and must be delivered to the office by an adult.)

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Please administer, as needed, the following over the counter medications throughout the school year to the above mentioned student as directed below (if you don't want any of the below administered, please cross out **and** initial):

### Stock Medications

- Triple antibiotic ointment for lacerations, tick bites or abrasions
- Antiseptic Wash (Benzalkonium) to clean minor cuts and scrapes
- Aquaphor ointment for dry, cracked skin and minor burns
- Burn-Jel for minor burns
- Purell Hand Sanitizer
- Tums for an upset stomach
- Calamine lotion/Hydrocortisone cream for itchy rash
- Solarcaine for sunburn
- Sting-Kill for bee stings and insect bites

### Non-Stock (Must be supplied by the family and brought to school by an adult.)

### Dosage Instructions

Tylenol for headache, pain, discomfort or a low-grade fever: \_\_\_\_\_

Advil/Motrin for headache, pain, discomfort or a low-grade fever: \_\_\_\_\_

Benadryl for allergic reactions: \_\_\_\_\_

**Please cross off the list anything you are not comfortable with and add anything else you feel your child may need below.**

### Other Medication

### Dosage Instructions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I assess this student to be self-directed  Yes  No

Student may self carry and self administer medication  Yes  No

Note: Nurse will also assess self-direction for the school setting.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

**I request and give permission for Dutchess Day School to administer the medication prescribed on this form to my child.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

(Please print)