



## **Over the Counter Medication Order**

Dear Parent/Guardian,

By law students cannot be given any over the counter medications or treatments unless there is a written order from your child's health care provider and written parent/guardian permission to administer these medications.

Having these orders on hand allows us to treat a child's headache, aches and pains, stomach ache, and minor injuries with the goal of keeping our students in class. All medications are kept in the Health Office. Parents/guardians will be notified prior to administration of any over the counter medication. If further medical treatment or evaluation is needed, the School Nurse will notify parents/guardians for pick up. Administration of over the counter medications will not override the School Illness Policy, and it will still need to be followed.

The completed form can be sent to school with your student on the first day of school, faxed or dropped off to the appropriate office below.

Thank you and please feel free to reach out with any questions or concerns.

Sincerely,

ES - Janell Sindoni, RN

Jr/Sr HS - Stephanie Yauchler, RN

Brittany Lawrence, LPN

Elementary School  
Phone: 518-895-8310 x229  
Fax: 518-895-2090  
jsindoni@duanesburg.org

Jr/Sr High School  
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**Over the Counter Medication Order Student Specific**  
**2022-2023 School Year**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

*Please have your student's Physician initial each medication they grant permission for the School Nurse to administer at school, and add appropriate dosage as indicated.*

1. \_\_\_\_\_ Acetaminophen \_\_\_\_\_ mg po every 6 hours as needed for Pain or Fever. (Not to exceed 3,000mg/24 hour period unless specified by MD, *tablets, liquid or Jr. Strength available*)

2. \_\_\_\_\_ Ibuprofen \_\_\_\_\_ mg po Q 4-6 hours as needed for Pain or Fever. (Not to exceed 2,400mg / 24 hours unless specified by MD, *tablets or liquid available*)

3. \_\_\_\_\_ Antacid Tablets (Regular Strength) chew 2 tablets for heartburn or indigestion as they occur. (Not to exceed more than 15 tabs per 24 hour period)

4. \_\_\_\_\_ Antiseptic Solution as needed to cleanse cuts and scrapes

5. \_\_\_\_\_ Bacitracin / Neosporin Ointment as needed for cuts and scrapes

6. \_\_\_\_\_ Hydrocortisone Cream / Caladryl / Calamine Lotion as needed for relief of itching skin.

7. \_\_\_\_\_ Students may apply Sunscreen as needed.

Date: \_\_\_\_\_ Provider Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Phone: \_\_\_\_\_