

OVER-THE-COUNTER MEDICATION ORDER FORM

MARION JR.-SR. HIGH SCHOOL

4034 WARNER ROAD

MARION, NY 14505

Phone: 315-926-2406

Fax: 315-926-2415

lpenders@marioncs.org

2022-2023 School Year

****PLEASE CROSS OFF ANY PREPARATIONS YOU DO NOT
WANT YOUR CHILD TO RECEIVE**

Clear Caladryl lotion/spray	itch relief from poison ivy/insect bites
Triple Antibiotic Cream	helps prevent infection to scrapes/cuts
TUMS Tablets	1 or 2 tablets used as an antacid
Throat lozenges/cough drops	soothing to irritated throats and coughs
Benadryl	25mg every 4-6 hrs as needed for itching

****Acetaminophen and Ibuprofen must be supplied by parent or guardian and must be kept in a labeled bottle in the Health Office. They will only be dispensed as written by doctor's order.**

Acetaminophen 325 mg.	2 tablets every 4 hours – headaches
Ibuprofen 200 mg.	1-2 tablets every 6 hours – headaches, muscle aches, and menstrual cramps

_____ has my permission to use the preparations on this form.
(Student's Name)

(Parent's Signature)

(Date)

(Physician's Signature)

(Date)

***In compliance with New York State Law, a physician's written order and parent/guardian written permission is required for ANY medication to be administered in school.**