

**Immaculate Heart of Mary School
Over the Counter Medication Form
School Year 2022-2023**

Student Name: _____ **Grade:** _____

The following form may be used to administer the listed Over-The-Counter Medications to your child during the school day.

- **ACETAMINOPHEN:** ORALLY every 4 hours, AS NEEDED, according to weight for headache, fevers, dysmenorrhea or mild to moderate discomfort. Dosage: _____
- **IBUPROFEN:** ORALLY every 6-8 hours, AS NEEDED, according to weight, for mild to moderate discomfort, headache, fever, dysmenorrhea. Dosage: _____
- **DIPHENHYDRAMINE** :(Benadryl) ORALLY, Every 4-6 Hours, AS NEEDED, according to weight, for mild allergic reactions or per anaphylaxis protocol. Dosage: _____
- **Allergy Medication:** Name and Dosage: _____
_____.
- **ANTACID TABLETS:** 1 to 3 tablets, ORALLY, for up to 2 doses, AS NEEDED, for mild to moderate gastric hyperacidity.
- **COUGH DROPS:** Are at the parent's discretion and will not be supplied at school.

This form MUST BE SIGNED BY YOU and YOUR CHILD'S PHYSICIAN.

Parent/ Guardian Signature

Date

Physician's Signature

Date

(This order is effective from August 21, 2022 - June 30, 2023.)