

**Washington Academy**  
SALEM CENTRAL SCHOOL DISTRICT HEALTH OFFICE  
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## 2016 – 2017 SCHOOL YEAR

### HEALTHCARE PROVIDER AUTHORIZATION TO ADMINISTER OVER – THE – COUNTER MEDICATION AT SCHOOL.

As the **Healthcare Provider** of the above child(ren), the following medication has been prescribed for the School Nurse to administer in the following doses, at the indicated intervals, when she feels they are indicated by the child's condition, without obtaining further permission from us.

**Doctor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### PARENT AUTHORIZATION TO ADMINISTER OVER-THE-COUNTER MEDICATION AT SCHOOL

As the Parent/Guardian of \_\_\_\_\_, I hereby authorize the School Nurse to administer the medication described below to my child(ren).

Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_

**ACETAMINOPHEN (Tylenol)** - Give 10-15mg per kilogram per dose, every 4 hours for pain or fever by mouth.

**IBUPROPHEN (Advil, Motrin)** – Give 10mg per kilogram per dose, every 6 hours for pain or fever by mouth.

**MIDOL or generic form** – for ages 12 years and older – 1 or 2 tablets every 4 to 6 hours as needed.

**DIPHENHYDRAMINE (Benadryl)** - Give 1 to 1.5mg per kilogram, by mouth, every 6 hours for itchiness, allergic reaction and allergy symptoms.

**TUMS** - Give 1 or 2 tablets as needed by mouth, every 2-4 hours for stomach ache or indigestion.

**BISMUTH SUBSALICYLATE (Pepto Bismol)** – Give as directed per age and bottle label.

**Cough Drops – Sucrets – Cepacal lozenges** – as needed for cough or sore throat.

**Benadryl or other anti-itch creams** – apply as directed for relief of bug bites and itchy areas on the skin surface.

**Triple Antibiotic ointment or First Aid cream** – as needed for scrapes.

