

Maquoketa Valley Community School District Parental Order form for Over-the-Counter Medications

A Registered Nurse/medication trained staff will have the following over-the-counter medication available to give to students according to protocol and with written parental authorization. Please check which medications your child may receive for minor problems such as a cold, menstrual cramps, headache, sore throat, sore muscles, backache, sprains, upset stomach, cuts and rashes. These medications are for occasional use only. If your child requires any medication more frequently, please provide medication and a signed parental authorization form.

Student: _____ Grade: _____

Check One:

_____ **May give/use all medications listed** _____ **Do NOT give any meds.**
_____ **Give ONLY medications checked**

Sixth through Twelfth Grade ONLY (Given at staff's discretion and around meals for Ibuprofen and up to 5 doses per school year.)

_____ **Ibuprofen 200 mg 1-2 tabs every 4-6 hours** _____

_____ **Acetaminophen(Tylenol) 500mg 1-2 tabs every 4-6 hours** _____

_____ **Midol 1-2 tabs as directed** _____

Elementary through High School

_____ **Cough / Sore Throat Lozenge 1 lozenge every 2-4 hours as deemed necessary**

_____ **Antacid Chewable Tablets 1-2 tablets every 2-4 hours for indigestion, heartburn or nausea**

_____ **Hydrocortisone 1% cream Apply as needed**

_____ **Triple Antibiotic Ointment Apply as needed**

_____ **Vaseline Apply as needed for dry lips and skin**

_____ **Generic Benadryl Dosing by age and weight per bottle instructions**

Parent/Guardian: _____

Contact Phone Number: _____