

Londonderry Pediatrics
Order for Administration of Medications
for High School Students

Student Name: _____ Date of Birth: _____ Grade: _____

Known allergies: _____

Current Medications: _____

Medical Conditions: _____

I give the School Nurse of _____ School permission to administer the medications and dosages listed below at his/her discretion for the temporary relief of discomfort associated with:

- | | | |
|---|---|---|
| <input type="checkbox"/> common cold | <input type="checkbox"/> headache | <input type="checkbox"/> dental discomfort |
| <input type="checkbox"/> muscular aches | <input type="checkbox"/> fever | <input type="checkbox"/> pre-menstrual or menstrual pain |
| <input type="checkbox"/> sore throat | <input type="checkbox"/> upset stomach | <input type="checkbox"/> allergic reaction |
| <input type="checkbox"/> cough | <input type="checkbox"/> minor cuts/scrapes | <input type="checkbox"/> rash from Poison Ivy, Oak, Sumac |
| <input type="checkbox"/> injuries | | |

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Acetaminophen (like Tylenol®) 325mg | 1-2 tablets every 4 hours as needed |
| <input type="checkbox"/> Ibuprofen (like Advil® or Motrin®) 200mg | 1-2 tablets every 6 hours as needed |
| <input type="checkbox"/> Diphenhydramine (like Benadryl ®) 25mg | 1-2 capsules every 6 hours as needed |
| <input type="checkbox"/> Antibiotic ointment (like Bacitracin®) | apply topically to affected area |
| <input type="checkbox"/> Anti-itch lotion (like Calamine®) | apply topically to affected area |
| <input type="checkbox"/> Chewable antacid (like Tums®) | 1-2 tablets every 4 hours as needed |
| <input type="checkbox"/> Cough drops (like Ludens ®) | 1 cough drop every 2 hours as needed |

I hereby give my permission for (student's name) _____ to receive any medication listed above as deemed necessary by the school nurse. I have checked those medications I wish to be made available to my child. I understand that the generic equivalent of medications may be used in place of more expensive brand name items. I understand that only these medications and doses listed will be administered.

name of parent/guardian

name of doctor

signature of parent/guardian

signature of doctor

date

phone number

date

phone number