Revision Date: 07.09.2024 LTFC

**OVER THE COUNTER MEDICATION AUTHORIZATION SHEET**

UC Name:

UC DOB:

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The following medications may be given as instructed: Child’s age is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| |  |  |  |  | | --- | --- | --- | --- | | **Medication** | **Amount** | **Frequency** | **Reason for giving** | | Acetaminophen 325 mg | 1-2 tablets | As needed  Every 4-6 hours | Simple Headache, fever, minor aches and pains | | Antacid Tabs 500 mg | 2-4 tablets | Chew after meals or before bedtime | Acid indigestion, Heartburn, Upset Stomach | | Robitussin DM | 5-10 mls | As needed  Every 4 hours | Cough and Congestion  Not to exceed 6 doses in 24 hrs. | | Cough Suppressant Drops | Per instructions | Per instructions | Cough | | Pepto Bismol | 30 mls | As needed  Per instructions | Diarrhea, Upset Stomach  Not to Exceed 8 doses in 24 hrs. | | Ibuprofen 200 mg | 2 tablets | As needed  Every 4-6 hours | Pain, fever, minor aches | | Allergy relief 25 mg | 1 Tablets | As needed  Every 4-6 hours | Sneezing, itching of nose or throat, runny nose and Allergy symptoms | | Muscle Rub | Per instructions | 3-4 times daily  As needed | Muscular aches & pains/ Joint Strain | | Anti Fungal 1% topical cream | Per instructions | Per instructions | Athlete's Foot/ Ringworm | | Hydrocortisone Cream 1% cream | Per instructions | Per instructions | Minor skin irritation, rash, itching | | Lice Treatment shampoo | Per instructions | Per Instructions | Head Lice | | Debrox Drops 6.5% | Per instructions | Per instructions | Earwax removal aid | | Epson Salt | Per instructions | Per instructions | Athletes Foot, Sprains | | Benadryl Itch Stopping Cream | Per instructions | Per instructions | Insect bites/ rash due to allergy |   Medical Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

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