



## LBA Over-the-Counter Medication Authorization Form (Optional)

Per FCPS policy, students are not allowed to self-administer any medication, including OTC meds, without a physician's signature. Please note that in order for us to give your student over-the-counter medications listed on this form, the "Yes" box must be clearly marked and the form SIGNED BY YOUR STUDENT'S PHYSICIAN. All OTC and prescription medications will be given by volunteers, chaperones, staff, or by the student with a completed self-administration form. All medications will be administered in the amounts and frequency listed. Anything else will require a prescription from a physician. Prescriptions will be given according to the listed dosing and directions on the bottle labels.

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Start Date: \_\_\_\_\_ Duration of the Order: \_\_\_\_\_

\* Check Yes or No for the following:

**Ibuprofen (Motrin, Advil) 200 mg:** Take 1 to 2 tablets every 4 to 6 hours as needed for discomfort. Not to exceed 6 tablets in 24 hours. \_\_\_\_\_ Yes \_\_\_\_\_ No

**Acetaminophen (Tylenol extra Strength) 500 mg:** Take 2 tablets every 6 hours as needed for discomfort. Not to exceed 8 tablets in 24 hours. \_\_\_\_\_ Yes \_\_\_\_\_ No

**Diphenhydramine (Benadryl) 25 mg:** Take ½ to 1 tablet every 4 to 6 hours as needed for relief of allergy symptoms including itching. Not to exceed 6 tablets in 24 hours. \_\_\_\_\_ Yes \_\_\_\_\_ No

**Loperamide (Imodium) 2 mg:** Chew 2 tablets after the first loose stool then 1 after each subsequent stool. Not to exceed more than 4 tablets in 24 hours. \_\_\_\_\_ Yes \_\_\_\_\_ No

**Meclizine Hydrochloride (Dramamine) 25 mg :** Take 1 to 2 tablets as needed once daily or an hour before an activity that may lead to motion sickness. Not to exceed 2 tablets in 24 hours. \_\_\_\_\_ Yes \_\_\_\_\_ No

**Antacid Calcium rich (Tums):** Chew 2 to 4 tablets for symptoms. Not to exceed 10 tablets in 24 hours. \_\_\_\_\_ Yes \_\_\_\_\_ No

**Simethicone (Gas ex) 125 mg:** Chew 1 to 2 tablets after meals and at bedtime if needed for abdominal pain related to gas pressure. Not to exceed 4 tablets in 24 hours. \_\_\_\_\_ Yes \_\_\_\_\_ No

Physician Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_