

**BETHANY SCHOOL CLINIC STOCK  
OVER-THE-COUNTER MEDICATION AUTHORIZATION**

**School Year:** \_\_\_\_\_

**\*\*\*This order expires at the end of the school year\*\*\***

NAME OF STUDENT: \_\_\_\_\_ Homeroom \_\_\_\_\_  
(please print)

DOB: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

Medication Allergies: YES/NO If yes, please list: \_\_\_\_\_

As this student's parent/guardian, I give permission for my child to receive the following over-the-counter medications during school hours or during after-school activities as indicated per package directions. I understand Bethany School will contact me or one of the designees listed below for permission prior to administration of these medicines.

(Circle yes or no for **each** medication listed below)

Acetaminophen (Tylenol) for headache, toothache or minor pain	Yes	No
Ibuprofen for headache, toothache, minor pain, or menstrual cramps	Yes	No
Benadryl for allergy symptoms	Yes	No
Tums (antacid)	Yes	No
Cough Drops	Yes	No
Hydrocortisone Cream 1% for itching, inflammation and rashes.	Yes	No
Anti Itch Cream for itching	Yes	No
Neosporin for treating and preventing infection due to minor cuts, scrapes, and burns	Yes	No

(See Details and Dosing information on the Reverse Side of this Page)

The above listed medications are the only medications routinely stocked by the school nurse for student use. Other over-the-counter medications (not listed above) may be administered by the school nurse when supplied by the parent and accompanied by a written request on the [Bethany School Non Clinic Stock Medication Authorization](#) Form (found on the Bethany School Website).

I give permission to the Bethany School nurse or designee to give my child the above-mentioned medications for comfort measures. I further agree to indemnify or hold harmless Bethany School and its agents from all claims as a result of any and all acts performed under this authority. I will immediately notify the school in writing should my child develop any condition or begin taking medications which would preclude the safe administration of any of the above medications, or need to terminate the use of medication for any reason.

\_\_\_\_\_  
(Signature of Parent/Guardian) Date

\_\_\_\_\_ ; \_\_\_\_\_

\_\_\_\_\_ ; \_\_\_\_\_

Please print name(s)/phone numbers above of parent(s)/guardian(s) or designees who may be contacted to give consent

Acetaminophen

Available in:

Liquid Cherry 160mg./5ml. : dose every 4 hours as needed

Tablets 325mg.- 1 every 4 hours

Tablets 500 mg. 1 every 4 hours

See chart for weight dosing.

Acetaminophen Dosage									
Child's Weight (lbs)	6-11	12-17	18-23	24-35	36-47	48-59	60-71	72-95	96+
Infant Drops 80 mg/0.8 ml	0.4 ml	0.8 ml	1.2 ml	1.6 ml	2.4 ml	-	-	-	-
Syrup 160 mg/5 ml (1 tsp)	1.25 ml	2.5 ml	3.75 ml	5 ml	7.5 ml	10 ml	12.5 ml	15 ml	20 ml
Syrup 160 mg/1 teaspoon	-	½ tsp	¾ tsp	1 tsp	1 tsp	2 tsp	2 ½ tsp	3 tsp	4 tsp
Chewable 80 mg tablets	-	-	1 ½ tabs	2 tabs	3 tabs	4 tabs	5 tabs	6 tabs	8 tabs
Chewable 160 mg tablets	-	-	-	1 tab	1 ½ tabs	2 tabs	2 ½ tabs	3 tabs	4 tabs
Adult 325 mg tablets	-	-	-	-	-	1 tab	1 tab	1 ½ tabs	2 tabs
Adult 500 mg tablets	-	-	-	-	-	-	-	1 tab	1 tab

**DOSE: Every 6-8 hours as needed. DO NOT GIVE MORE THAN 4 DOSES IN 24 HOURS.**

**Infants' MOTRIN® Concentrated Drops**  
Active Ingredient: Ibuprofen 30 mg (NSAID)  
(in each 1.25 mL)

**Children's MOTRIN® Oral Suspension**  
Active Ingredient: Ibuprofen 100 mg (NSAID)  
(in each 5 mL or 1 tsp)

Weight	Age	Dose	Illustration
6-11 lbs	0-5 mos	Do not use	---
10-17 lbs	6-11 mos	1.25 mL	
18-23 lbs	12-23 mos	1.875 mL	
24-35 lbs	2-3 yrs	5 mL (1 tsp)	
36-47 lbs	4-5 yrs	7.5 mL (1 1/2 tsp)	
48-59 lbs	6-8 yrs	10 mL (2 tsp)	
60-71 lbs	9-10 yrs	12.5 mL (2 1/2 tsp)	
72-95 lbs	11 yrs	15 mL (3 tsp)	

Ibuprofen

Available in:

Liquid Berry Dye Free 100mg./5 ml. (repeat every 6-8 hours)

12 years and older

Tablets 200mg.

1 - 200 mg. tablet every 4-6 hours.

See chart for weight dosing.

Benadryl Dosage Instructions

Weight	Liquid 12.5mg/5ml	Chewable Tablets 12.5mg each	Tablets 25mg each
17-21 lbs	3/4 tsp (3.75ml)	-	-
22-32 lbs	1 tsp (5ml)	1 tablet	-
33-42 lbs	1 1/2 tsp (7.5ml)	1-1/2 tablet	-
43-53 lbs	2 tsp (10ml)	2 tablets	1 tablet
54-64 lbs	2 1/2 tsp (12.5ml)	2-1/2 tablets	1 tablet
65-75 lbs	3 tsp (15ml)	3 tablets	1 tablet
76-86 lbs	3 1/2 tsp (17.5ml)	3-1/2 tablets	1 tablet
>86 lbs	4 tsp (20ml)	4 tablets	2 tablets

Benadryl -Diphenhydramine HCL

Available in:

Liquid Bubble Gum Dye Free 12.5 mg./5 ml.

To be given every 4-6 hours

MUST BE 6 YEARS OF AGE or older.

Tablets 25 mg.

ages 6-12 =(1)- 25 mg. tablet 12 and

over =(1-2) -25mg. tablet 6-12 years.

See chart for weight dosing.

Tums Antacid: Assorted Berries - 12 years and older- chew 2-4 tabs ( max will be 4 tablets)

Cough Drops: Menthol-Cherry 5.8 mg. , Strawberry 2.7 mg. , Tropical Fruit 2.8 mg. , Watermelon 2.5 mg., per drop .Dissolve 1 lozenge - Repeat every 2 hours as needed.

Hydrocortisone Cream 1%- relieves itching, inflammation and rashes. Apply to affected area.( no more than 3-4 times daily)

Diphenhydramine Hydrochloride 2% Zinc acetate 0.1% - Anti Itch Cream - apply to affected area ( no more than 3-4 times daily)

Neosporin: Bacitracin Zinc(400 units) Neomycin Sulfate (3.5 mg.) , Polymyxin B Sulfate (5,000 units). Apply to affected area -an amount equal to the surface of the tip of a finger. May be applied 1-3 times daily.