

**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


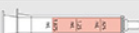





See chart for weight dosing.

| 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<br>80 mg/0.8 ml | 0.4 ml  | 0.8 ml | 1.2 ml   | 1.6 ml | 2.4 ml   | -      | -        | -        | -      |
| Syrup<br>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<br>160 mg/1 teaspoon   | -       | ½ tsp  | ¾ tsp    | 1 tsp  | 1 tsp    | 2 tsp  | 2 ½ tsp  | 3 tsp    | 4 tsp  |
| Chewable<br>80 mg tablets    | -       | -      | 1 ½ tabs | 2 tabs | 3 tabs   | 4 tabs | 5 tabs   | 6 tabs   | 8 tabs |
| Chewable<br>160 mg tablets   | -       | -      | -        | 1 tab  | 1 ½ tabs | 2 tabs | 2 ½ tabs | 3 tabs   | 4 tabs |
| Adult<br>325 mg tablets      | -       | -      | -        | -      | -        | 1 tab  | 1 tab    | 1 ½ tabs | 2 tabs |
| Adult<br>500 mg tablets      | -       | -      | -        | -      | -        | -      | -        | 1 tab    | 1 tab  |

If possible, use weight to dose; otherwise use age. Always ask a healthcare provider which product is right for your child.

mL = milliliter  
tsp = teaspoonful

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

| WEIGHT    | AGE       | Infants' MOTRIN® Concentrated Drops  | Children's MOTRIN® Oral Suspension  |
|-----------|-----------|--|---|
| 6-11 lbs  | 0-5 mos   | Do not use   | —   |
| 12-17 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 (1½ tsp)    |
| 48-59 lbs | 6-8 yrs   | —  | 10 mL (2 tsp)      |
| 60-71 lbs | 9-10 yrs  | —  | 12.5 mL (2½ 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.