

South Winneshiek CSD  
Parental Order Form for **Over-the-Counter Medications**

A Registered nurse may administer the following over-the-counter medications to students according to written protocol and with written parental authorization. Parents/guardians must supply all over-the-counter medications. Please check which medications your child may receive for minor health problems such as a cold, menstrual cramps, headache, sore throat, sore muscles, backache, eye irritations, burns, sprains, upper respiratory infections, nasal congestion, upset stomach, diarrhea, and rashes.

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Check one:**

- May give all medications listed
- Do NOT give any medications
- Give ONLY medications checked

**Acetaminophen (Tylenol)**

325 mg, 2 tablets every 4 hours, headache, cold, sore throat, menstrual cramps, and earache or  
Per dosage instructions on box

**Diphenhydramine (Benadryl)**

12.5-25mg, every 4-6 hours, Antihistamine: sneezing, runny nose, itching nose/throat, itchy/watery eyes

**Ibuprofen (Advil, Motrin)**

200 mg, 1-2 tablets every 4 hours, menstrual cramps, muscle strain, backache, and headache  
Per dosage instructions on box

**Cough Drops**

**Pepto Bismol**

1-2 tablets, upset stomach, diarrhea

**Roloids, Tums, Mylanta**

1-2 tablets, upset stomach, heartburn

Please administer the above to: \_\_\_\_\_  
according to the listed dosages and symptoms.

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

Please **RETURN THIS FORM TO YOUR SCHOOL NURSE**