

**THE CLEAR VIEW SCHOOL DAY TREATMENT CENTER  
BRIARCLIFF MANOR, NEW YORK 10510**

**OVER THE COUNTER MEDICATION PERMISSION FORM**

**Student's name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**The following medications will be provided by The Clear View School if they have been approved by the child's physician/provider (signature is required) and requested by the guardian; please indicate by checking Yes or No next to medication.**

Yes/No	Drug Name	Route	Dosage & Schedule	Indications	Comments
Yes <input type="checkbox"/> No <input type="checkbox"/>	Tylenol (or generic ) acetaminophen	PO (chewable, elixir, or tabs)	Per label instruction by age/weight	Pain or Fever	Call parent/guardian event of fever
Yes <input type="checkbox"/> No <input type="checkbox"/>	Advil ( or generic ) ibuprofen	PO (chewable, elixir, or tabs)	Per label instruction by age/weight	Pain or Fever	Call parent/guardian event of fever
Yes <input type="checkbox"/> No <input type="checkbox"/>	Benadryl (or generic)	PO ( elixir, or tabs)	Per label instruction by age/weight	Allergic reactions (hives, insect bites)	Call if allergic reaction, respiratory problems
Yes <input type="checkbox"/> No <input type="checkbox"/>	Cepacol lozenges or (generic) (contains benzocaine)	PO	Per label instruction by age/weight	Sore throat	Check allergy history
Yes <input type="checkbox"/> No <input type="checkbox"/>	Tums or (generic) calcium carbonate	PO (chewable)	Per label instruction by age/weight	Indigestion, heart burn	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Pepto Bismol	PO (chewable, elixir, or tabs)	Per label instruction by age/weight	Upset stomach, nausea, diarrhea, indigestion	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Oragel/ Anbesol (or generic, contains benzocaine)	PO	Per label instruction by age/weight	Toothache, sore gums canker sore	Check allergy history
Yes <input type="checkbox"/> No <input type="checkbox"/>	Hydrocortisone Cream 1%	Topical	Per label instruction by age/weight	Allergic reactions (contact dermatitis, insect bites)	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Calagel	Topical	Per label instruction by age/weight	Poison oak, poison ivy	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Medicine Sting Swabs (contains benzocaine)	Topical	Per label instruction by age/weight	Insect bites, bee stings	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Antibiotic Ointment	Topical	Per label instruction by age/weight	Superficial cut/ abrasion	Check allergy history
Yes <input type="checkbox"/> No <input type="checkbox"/>	Silvadene 1%	Topical	Per label instruction by age/weight	Burns	Check allergy history / sulfa antibiotic
Yes <input type="checkbox"/> No <input type="checkbox"/>	Zyrtec	PO	Per label instruction by age/weight	Allergies	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Lanacane	Topical	Per label instruction by age/weight	Sunburn, cuts, abrasions	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Cough drops	PO	Per label instruction by age/weight	Sore throat/cough	

**Physician/Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician/Provider Stamp: (required):**

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