

**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 No	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 No	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 No	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 No	Cepacol lozenges or (generic) (contains benzocaine)	PO	Per label instruction by age/weight	Sore throat	Check allergy history
Yes No	Tums or (generic) calcium carbonate	PO (chewable)	Per label instruction by age/weight	Indigestion, heart burn	
Yes No	Pepto Bismol	PO (chewable, elixir, or tabs)	Per label instruction by age/weight	Upset stomach, nausea, diarrhea, indigestion	
Yes No	Oragel/ Anbesol (or generic, contains benzocaine)	PO	Per label instruction by age/weight	Toothache, sore gums canker sore	Check allergy history
Yes No	Hydrocortisone Cream 1%	Topical	Per label instruction by age/weight	Allergic reactions (contact dermatitis, insect bites)	
Yes No	Calagel	Topical	Per label instruction by age/weight	Poison oak, poison ivy	
Yes No	Medicine Sting Swabs (contains benzocaine)	Topical	Per label instruction by age/weight	Insect bites, bee stings	
Yes No	Antibiotic Ointment	Topical	Per label instruction by age/weight	Superficial cut/ abrasion	Check allergy history
Yes No	Silvadene 1%	Topical	Per label instruction by age/weight	Burns	Check allergy history / sulfa antibiotic
Yes No	Zyrtec	PO	Per label instruction by age/weight	Allergies	
Yes No	Lanacane	Topical	Per label instruction by age/weight	Sunburn, cuts, abrasions	
Yes No	Cough drops	PO	Per label instruction by age/weight	Sore throat/cough	

Physician/Provider Signature: _____ **Date:** _____

Physician/Provider Stamp: (required):

Parent/Guardian Signature _____ **Date:** _____