

Marching Band/FDC Standing Order Form for Over the Counter Medications

Date: _____

Student Name:	Allergies:
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The medications listed below are included in the music first aid bag, which is supervised by the designated adult with medical training. Unless otherwise noted, the dosage will be the normal adult dosage per package directions. If symptoms continue, or your child's condition deteriorates, he or she will be taken to a physician or ED to be assessed.

Please indicate if medication may be given or withheld. Mark even those items that you may not normally give.

	Yes	No		Yes	No
Pain			Digestive Aids		
Acetaminophen 500mg (Tylenol)			TUMs		
Ibuprofen 200mg(Advil)			Pepto Bismol		
Muscle Rub Cream			Imodium----- antidiarrheal		
Absorbine Jr.			Acid Reducer ---Zantac (ranitidine)		
Cold/Sinus			Gas Relief ---simethicone		
Decongestant (e.g. Sudafed)					
Cough Drops			Anti---Nausea Liquid---(Emetrol)		
Afrin			Laxative (Bisacodyl)		
Benadryl (tabs or liquid)					
Zyrtec or Claritin			Skin Care		
Mucus Relief (Mucinex)			Triple antibiotic ointment		
Dayquil (gelcaps)			A&D Ointment		
			Hydrocortisone Cream		
			Antifungal Cream		
Other					
Motion sickness (meclizine)					
Vicks Vapor rub					
Saline eye drops					

_____ I do not want any over the counter medications given to my child.

List prescriptions and any additional over---the---counter medications that your child has permission to use (including inhalers). **PLEASE** send these additional medications along with your child, especially inhalers.

Parent Signature	Date: