

2010 Arlington High School Marching Band
Over the Counter Medication Form

Student Name: _____ **Date of Birth** _____
Allergies To Medication: _____

The following medications are approved for use by the primary physician. The student may self-administer these medications with supervision as instructed below if approved by the parent/guardian. **The parent/guardian must sign his/her initials in the left hand column next to each medication that he/she wishes to be dispensed for the indications listed.** If the physician or parent/guardian do not wish for any of the medications listed to be utilized, please cross that medication off of the list. This form will be valid for the duration of the current Marching Band Season.

This form must be signed by the parent and the primary physician to be valid.

| Parent Initial | Drug Name | Route | Dosage & Schedule | Indications | Comment |
|----------------|--|--|---|---|---------|
| | Acetaminophen/ Tylenol | PO | 325 mg, 2 Tabs 500 mg, 1 Tab 500 mg, 2 Tabs CIRCLE DOSE | Pain or Fever > _____ | |
| | Ibuprofen | PO | 200 mg, 1 Tab 200 mg, 2 Tabs CIRCLE DOSE | Pain or Fever > _____ | |
| | Benadryl | PO (Elixir, Chewable, tablets, melt- away strips) | 12.5 mg 25 mg CIRCLE DOSE | Allergic Reactions including insect bites, hives, seasonal allergies | |
| | Antibiotic Ointment | Topical | Per label instruction | Superficial cuts/Abrasions | |
| | Hydrocortisone Cream | Topical | Per label instruction | Allergic Reactions, contact dermatitis, insect bites, poison ivy/oak/sumac | |
| | Benadryl Cream | Topical | Per label instruction | See Hydrocortisone instructions | |
| | PABA-Free Sun Block (Must be provided by parent) | Topical | Per label instruction | To prevent sunburn during outdoor activities | |
| | Cough Drops/Throat Lozenges | Oral | Per label instruction | To relieve sore throat | |

Physician Signature: _____ Date: _____

Parent Signature: _____ Date: _____