 1200 N. Santa Rosa Avenue Tucson, AZ 85712

P. O. Box 13868 / 85732

Phone: 520-795-0161

Fax: 520-795-0756

**MEDICATION REQUEST FORM – Non-Prescription**

Student's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize the school to dispense the following non-prescription, over-the-counter medications to the above-identified student in the event that he/she has the following symptoms without indication of a major underlying illness.

CHECK ALL THAT APPLY:

1. **Headache of short duration and moderate severity\***

\_\_\_\_\_ Acetaminophen (Tylenol)

\_\_\_\_\_ Ibuprofen (Advil, Motrin, etc.)

\_\_\_\_\_ None of the above

2. **Nausea, vomiting, diarrhea, gas pains\***

\_\_\_\_\_ Antacid (Tums, Rolaids)

\_\_\_\_\_ Pepto-Bismol

\_\_\_\_\_ None of the above

3. **Cold, flu-like symptoms, including fever, sore throat\***

\_\_\_\_\_ Acetaminophen (Tylenol)

\_\_\_\_\_ Throat Lozenges

\_\_\_\_\_ Cold/Flu Relief Medicine

\_\_\_\_\_ None of the above

4. **Allergy Symptoms, including itchy eyes, runny nose\***

\_\_\_\_\_ Benadryl

\_\_\_\_\_ None of the above

5. **Menstrual cramps of moderate severity\***

\_\_\_\_\_ Acetaminophen (Tylenol)

\_\_\_\_\_ Ibuprofen (Advil, Motrin, etc.)

\_\_\_\_\_ None of the above

6. **Mild environmental allergic reaction\***

\_\_\_\_\_ Benadryl Cream

\_\_\_\_\_ Gold Bond Cream

\_\_\_\_\_ None of the above

Continued on Back

7. **Stinging, itching eyes from allergies or other mild eye irritation\***

\_\_\_\_\_ Saline Solution (eye drops)

\_\_\_\_\_ None of the above

8. **Minor cuts and abrasions\***

\_\_\_\_\_ Antibiotic Cream

\_\_\_\_\_ None of the above

**My child can\*:**

\_\_\_\_\_ Swallow pills

\_\_\_\_\_ Take liquid

\_\_\_\_\_ None of the above

Are there any other over-the-counter medications you will allow your child to take that are NOT listed above? If so, please list them here:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Required fields

This form must be completed each year.

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