 1200 N. Santa Rosa Avenue Tucson, AZ 85712

 P. O. Box 13868 / 85732

 Phone: 520-795-0161

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**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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