

# Prattsburgh Central School District

## Over the Counter Medication Order

Dear Parent/Guardian/Medical Provider:

If you would like your student to receive any of the below listed over the counter medications, NYS law requires your permission and a medical provider order. This form must be reviewed and signed by yourself and your student's medical provider (medication will not be administered without both signatures, **NO EXCEPTIONS**).

### Duration of Orders: 2023-2024 School Year

Allergies: \_\_\_\_\_

AGENT

Ibuprofen 100 mg/5 mL suspension  
Weight based q 6-8 hrs PRN  
OR \_\_\_\_\_

INDICATION

Headache, toothache, muscle ache,  
backache, menstrual cramps, fever of 100  
or higher

AGENT

Acetaminophen 160 mg/5 mL suspension  
Weight based q 4 hrs PRN  
OR \_\_\_\_\_

INDICATION

Headache, toothache, muscle ache,  
backache, menstrual cramps, fever of 100  
or higher

AGENT

Cough Drops PRN  
Vaseline PRN  
Anti-itch lotion PRN

INDICATION

Cough Suppressant, sooth irritated throat  
Dry lips  
Bug bites

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I hereby request that \_\_\_\_\_ be given the medication as prescribed by my student's medical provider.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Printed Name & Title of Medical Provider or Office Stamp:  
\_\_\_\_\_

Medical Provider's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE STAMP**

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New York State Education Law requires the signature of the student's parent/guardian **AND** Medical Provider for **ANY** medication to be dispensed in school.

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