

**Individual Medication Form Jan - Dec 2022**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

The following may be administered to your child, if needed:

<b>Medication</b>	<b>Dosage</b>	<b>Approval</b>	
Acetaminophen (Compared to active ingredient in Tylenol)	Per label instructions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ibuprofen (Compared to active ingredient in Advil)	Per label instructions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
DiphenhydramineHCl (Compared to active ingredient in Benadryl)	Per label instructions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Guaifenesin (Compared to active ingredient in Robitussin or Mucinex)	Per label instructions	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Parent or Guardian signature and date: \_\_\_\_\_

Parents or guardians, please list your child's prescription medications, over the counter medications, vitamins, herbs, and/or dietary supplements. **Student must be able to administer own injections.**

<b>Medication Name</b>	<b>Route</b>	<b>Dosage</b>	<b>Frequency and Indications</b>	<b>Comments</b>

Additional Physician orders: