

**Harrington Park School Health Office
(201) 768-5700 ext. 38612**

LIST OF AUTHORIZED MEDICATIONS THAT MAY BE ADMINISTERED AT SCHOOL

Student's Name _____ **Grade** _____ **School Year** _____

The following are the approved over-the-counter/prescription medications in our supply that may be administered at school. Authorizations are effective for one school year. No medication will be administered without PARENT and PHYSICIAN signature.

Name of Medication	Dosage	Reason for use	Frequenc y	Check if ordered
Tylenol / Acetaminophen	160 mg tabs	Headache / fever / pain	Q 4 hrs	
Tylenol / Acetaminophen	160 mg liquid	Headache / fever / pain	Q 4 hrs	
Tylenol / Acetaminophen	500 mg tabs	Headache / fever / pain	Q 4 hrs	
Motrin / Advil / Ibuprofen	200 mg tabs	Headache / fever / pain	Q 6 hrs	
Motrin / Advil / Ibuprofen	100 mg liquid	Headache / fever / pain	Q 6 hrs	
Benadryl/ Diphenhydramine	12.5 mg liquid	Allergic reaction/ hives	Q 4 hrs	
Benadryl/ Diphenhydramine	25 mg liquid	Allergic reaction/ hives	Q 4 hrs	
Benadryl/ Diphenhydramine	25 mg tab(s)	Allergic reaction/ hives	Q 4 hrs	
Tums	1 tab	Upset stomach		
Hydrocortisone cream	1 %	Itchiness / rash		
Other Medications:				

Parent Signature _____ **Date** _____

**Physician's
Signature/Stamp** _____ **Date** _____