



Fr. John V. Doyle School  
 343 South Main Street  
 Coventry, R.I. 02816  
 Phone: 401-821-3756 Fax: 401-828-8513

**"Over The Counter" MEDICATION CONSENT FORM**

SCHOOL YEAR 20\_\_\_\_ - 20\_\_\_\_

**Standing Orders for Medication Administration for Fr. John V. Doyle School Students**

School Nurses must have a physician's order and a parent's signature to administer any OTC medications. If you would like your child to be able to receive these medications at school, please discuss with your doctor which of the following are appropriate for your child and sign off on the order below. In an effort to streamline this process, standard orders for the most commonly used meds are listed. Regulations regarding all other OTC meds not listed as well as Rx medications remain the same - a doctor's order is needed for each. These medications will be given at the nurse's discretion on an as needed basis. Thank you for your understanding and cooperation.

Please complete the following information:

_____	_____	_____
Student's First Name	Student's Last Name	Student's Date of Birth
_____	_____	_____
Student's Grade	Student's Homeroom Teacher	For School Year

Allergies to Medication: \_\_\_\_\_

Parent's name & signature: \_\_\_\_\_ / \_\_\_\_\_

Parent's preferred contact number: \_\_\_\_\_

**Please check all that are appropriate:**

\_\_\_\_\_ Acetaminophen (Tylenol) 325mg    \_\_\_ 1 tablet    OR    \_\_\_ 2 tablets    every 6 hours as needed  
 (liquid or chewable form may be given in equivalent dose)

\_\_\_\_\_ Ibuprofen (Advil/Motrin) 200mg    \_\_\_ 1 tablet    OR    \_\_\_ 2 tablets    every 6 hours as needed  
 (liquid or chewable form may be given in equivalent dose)

\_\_\_\_\_ Antacid (Tums)    \_\_\_ 1 tablet    OR    \_\_\_ 2 tablets

\_\_\_\_\_ Benadryl 25mg

\_\_\_\_\_ Throat lozenge/cough drop for minor sore throat pain and cough

Notes: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Physician's Full Name- Please Print

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Physician's Signature