



PHYSICIANS ORDERS FOR OVER THE COUNTER MEDICATIONS (PRN)

Patient Name: _____ **D.O.B.** _____ **Date of visit:** _____

Allergies: _____

Medical Provider Name: _____

Address: _____

Phone: _____

Interim Licensing Standard 88487.15 (b) Health Related Services outlines the conditions for a child/NMD to self-administer medications. A physician must approve in writing or on the medication label, the permission for a child/NMD to self-administer their own medications. If a child/NMD cannot determine their own need for medication, a Resource Family shall determine the need of the child/NMD in accordance with written medical instructions.

Please indicate on this form those medications that are appropriate for this child/NMD. Any category not marked will require contact with a health care provider *prior* to administration.

**MEDICATIONS MUST BE ADMINISTERED ACCORDING TO PACKAGE SPECIFICATIONS
FOR CORRECT DOSAGE BY AGE/WEIGHT & ARE NOT TO EXCEED THE
RECOMMENDED DOSAGE ON LABEL INSTRUCTIONS**

Yes	No	Signs & Symptoms	Medication <small>(to be administered following label instructions by age/weight)</small>
		For fever or pain	Tylenol, Motrin, Advil, Pamprin, Midol, Ibuprofen, Naproxen, Acetaminophen, Motrin, Advil, or Generic Substitutes
		For pain (topical)	Topical pain relievers, Aspercreme, Mineral Ice, Epsom Salts, BenGay, Icy Hot, or Generic Substitutes
		For cough/sore throat	Robitussin, Triaminic, Ricola, Halls, Phenol, Benzocaine, Menthol drops, Cepacol, Camphor, Eucalyptus Oil, or Generic Substitutes
		For decongestant	Sudafed, Dimetapp, Mucinex, Sinex, Triaminic, Vicks Vaporub (Topical), Pediacare, Camphor, Eucalyptus Oil, Menthol, or Generic Substitutes
		For allergies	Benadryl, Actifed, Sudafed, Allegra, Zyrtec, Claritin, Flonase, Loratadine, or Generic Substitutes
		For eye irritation	Clear eyes, Visine, Refresh, Saline, Glycerin, or Generic Substitutes
		For stomach issues	Tums, Roloids, Alka Seltzer, Maalox, Mylanta, Gas X, Imodium, Kaopectate, Pepto Bismol, or Generic Substitutes
		For head lice	Nix, Rid, Peppermint Oil, Tea Tree Oil, Rosemary Extract, or Generic Substitutes
		For skin irritation	Benadryl Cream, Calamine, Caladryl, Hydrocortisone Cream, or Generic Substitutes
		For disinfecting/cleaning cuts/scrapes	Hydrogen peroxide, rubbing alcohol, Bactine, Neosporin, Polysporin, or Generic Substitutes

Yes	No	Signs & Symptoms	Medication (to be administered following label instructions by age/weight)
		For athletes' foot	Lotrimin, Tinactin, Desenex, or Generic Substitutes
		For mouth/teeth/gum pain	Benzocaine, Orajel, Anbesol, Hylands Baby, or Generic Substitutes
		For diaper rash	Desitin, Aquaphor, A&D Ointment, Aveeno Baby, Hydrocortisone, or Generic Substitutes
		For acne	Stridex, Oxy 10, Clearskin, Clean & Clear, or Generic Substitutes
		Vitamins/Multi Vitamins	Daily multivitamin, Vitamin C, Probiotic, Immunity
		Sunscreen	
		Insect Repellent (topical)	

Comments:

I hereby give my consent for Northern California Youth & Family Programs and/or their approved resource parents to provide treatment to the afore mentioned patient for the symptoms above with the medications indicated.

Physician's Signature: _____ Date: _____