



# Alabama School of Mathematics and Science

## NON-PRESCRIPTION MEDICATION ORDERS (must be signed by doctor and parent)

Student Name: \_\_\_\_\_ Allergies: \_\_\_\_\_

School Year: \_\_\_\_\_ Medical History: \_\_\_\_\_

The following medications have been approved for use in the conservative treatment of students residing at the Alabama School of Mathematics and Science. Any additional prescriptive medications, emergency or extensive treatment shall be prescribed by a physician.

**\*\*PLEASE DELETE ANY MEDICATION(S) FROM THIS LIST THAT YOU DO NOT WANT YOUR CHILD/PATIENT TO HAVE BY DRAWING A LINE THROUGH IT.\*\***

### General Discomfort

Motrin tabs (Ibuprofen)  
Tylenol Tabs (Acetaminophen)

### Abdominal Discomfort

Maalox  
Tums  
Diotame (Bismuth Subsalicylate or Pepto Bismol)  
Diamode (Loperamide Hydrochloride)  
BRAT diet advance as tolerated

### Nausea, Vomiting & Diarrhea

Maalox  
Tums  
Diotame (Bismuth Subsalicylate or Pepto Bismol)  
Diamode (Loperamide Hydrochloride)  
BRAT diet advance as tolerated  
Clear liquid diet advance as tolerated

### Ear Discomfort

Swim Eardrops  
Debrox

### Eye Discomfort

Refresh Plus  
Saline

### Nasal/Sinus Congestion or Pressure

Claritin (Loratadine)  
Generic Cold and Sinus Tabs  
Benadryl (Diphenhydramine)

### Cold/Throat Irritations

Generic Cough Drops  
Warm Salt Water Gargle

### Skin Irritations

Caladryl, Calamine Lotion  
Antifungal Cream  
Hydrocortisone Cream 1%  
Orajel  
Aloe Gel  
Americana Spray  
Benadryl Tab (Diphenhydramine)  
Triple Antibiotic Ointment  
First Aid & Burn Cream

### Muscle Discomfort

Icy Hot  
Motrin (Ibuprofen)  
Tylenol (Acetaminophen)

**\*Medications may be substituted by the generic equivalent per pharmacist recommendations.**

**\* Medications are per manufacturer's instructions unless otherwise specified by the doctor.**

I have read the above list of medications and will allow my son/daughter to receive them as his/her conditions warrants.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

I have read the above list of medications and will allow my patient to receive them as his/her condition warrants in the conservative treatment of applicable symptoms.

\_\_\_\_\_  
Primary Care MD Signature/Print Name

\_\_\_\_\_  
Date

**\*\* NOTE: Students that have not obtained the doctor's signature on this form will not be given any medications per school policy. A nurse cannot give medications without a doctor's order. \*\***