LEMAN ACADEMY of EXCELLENCE

Health Office

OPTIONAL

OVER-THE-COUNTER MEDICATION FORM (2024-2025 SCHOOL YEAR)

Choose Location:	☐ MARANA ☐ SIERRA VISTA ☐ ORO VALLEY ☐ MESA ☐ EAST TUCSON ☐ CENTRAL TUCSON

Scholar Full Name: _____ Birthdate: _____

Allergies: _____ Weight: _____ lbs

****HEALTH CARE PROVIDER SIGNATURE REQUIRED****

Health Care Provider and Parent/Caregiver permission to administer the following medications at school, as outlined on page 2 and 3 of order form or as indicated below:

_____ ***Healthcare Provider Initial*** _____ ***Parent/Caregiver Initial***	**BENADRYL** or generic equivalent as ordered below. Additional instructions:_____ _____
_____ ***Healthcare Provider Initial*** _____ ***Parent/Caregiver Initial***	**TYLENOL** or generic equivalent as ordered below. Additional instructions:_____ _____
_____ ***Healthcare Provider Initial*** _____ ***Parent/Caregiver Initial***	**MOTRIN** or generic equivalent as ordered below. Additional instructions:_____ _____
_____ ***Healthcare Provider Initial*** _____ ***Parent/Caregiver Initial***	**TUMS** or generic equivalent as ordered below. Additional instructions:_____ _____
_____ ***Healthcare Provider Initial*** _____ ***Parent/Caregiver Initial***	**GENERIC COUGH DROP** as ordered below. Additional instructions:_____ _____

Health Care Provider Initial and Sign Below:

Print: _____

Initial: _____

Signature: _____

Date: _____

Phone: _____

Parent or Caregiver Initial and Sign Below:

Per A.R.S. 15-344 I hereby request and give my consent for the school health coordinator or other school personnel designated by the Principal to administer the medication indicated above. I give authorized school personnel permission to discuss my child's medication with the above named Provider. I understand it is my responsibility to provide the medication, and that it be presented to the school by an adult. I understand that it is my responsibility to notify the school immediately if there are any changes in medication, and that a new form must be completed. The school shall not be held responsible for missed or refused doses or side effects caused by the medication. In return for the school's assistance in administering the medication, I hereby waive any claim for injury against the school, or it's employees, arising from the medication administration. Authorization is hereby granted to release this information to appropriate school personnel and classroom teachers.

Print: _____

Initial: _____ Signature: _____

Date: _____

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OVER-THE-COUNTER MEDICATION FORM (2023-2024 SCHOOL YEAR)

Over-the-counter Medications available at Leman Academy with Physician Order

Medication: **BENADRYL or generic equivalent**
Strength: Elixir 12.5mg/5ml
Route: Oral

Indication for use: MILD allergic symptoms from a single system area including a few hives or allergic rash, itchy mouth, itchy nose, sneezing, mild nausea or gastric discomfort appearing during school hours, with NO OTHER SYMPTOMS.

DOSAGE		FREQUENCY
Between 38-49lbs:	1½ teaspoons (18.75mg)	May repeat every 4 to 6 hours, not to exceed more than 6 doses in 24 hours. Over-the-counter medications will not be given for more than three consecutive days without an updated order from a physician. To ensure that the use of this medication is not masking symptoms or any serious condition, a Physician's Order must be submitted to the school for administration of non-prescription medications beyond the recommended product label instructions.
Between 50-99lbs:	2 teaspoons (25 mg)	
Above 100lbs:	4 teaspoons (50mg)	

Procedure: Call parents or legal guardian. Monitor scholar closely until symptoms resolve. If symptoms worsen, or for symptoms from more than one system area, administer Epinephrine if available and call 911.

Medication: **Tylenol or Generic Equivalent**
Strength: 160mg chewable tablet
Route: Oral

Indication for use: An elevated temperature of 101F or greater, or for severe pain due to an acute condition. Per parent request, Tylenol may also be administered for menstrual cramps.

DOSAGE		FREQUENCY
Between 36-47lbs:	240mg	May repeat every 4 hours, not to exceed 5 doses in 24 hours. Over-the-counter medications will not be given for more than three consecutive days without an updated order from a physician. To ensure that the use of this medication is not masking symptoms or any serious condition, a Physician's Order must be submitted to the school for administration of non-prescription medications beyond the recommended product label instructions.
Between 48-59lbs:	320mg	
Between 60-71lbs:	400mg	
Between 72-95lbs:	480mg	
Above 95lbs:	640mg	

Procedure: Call parents or legal guardian. Monitor scholar closely until symptoms resolve.

Medication: **Motrin or Generic Equivalent**
Strength: 100mg chewable tablet
Route: Oral

Indication for use: An elevated temperature of 101F or greater, or for severe pain due to an acute condition. Per parent request, Motrin may also be given for menstrual cramps.

DOSAGE		FREQUENCY
Between 36-47lbs:	1½ tablets (150mg)	May repeat every 6-8 hours, not to exceed 4 doses in 24 hours. Over-the-counter medications will not be given for more than three consecutive days without an updated order from a physician. To ensure that the use of this medication is not masking symptoms or any serious condition, a Physician's Order must be submitted to the school for administration of non-prescription medications beyond the recommended product label instructions.
Between 48-59lbs:	2 tablets (200mg)	
Between 60-71lbs:	2 ½ tablets (250mg)	
Above 72lbs:	3 tablets (300mg)	

Procedure: Call parents or legal guardian. Monitor scholar closely until symptoms resolve.

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OVER-THE-COUNTER MEDICATION FORM (2023-2024 SCHOOL YEAR)

Over-the-counter Medications available at Leman Academy with Physician Order

Medication: **Tums or Generic Antacid Equivalent**
Strength: 500mg Calcium Carbonate
Route: Oral

Indication for use: For complaints of minor stomach discomfort.

Dosage: One chewable tablet

Frequency: May repeat one tablet in 15 minutes. May repeat dose hourly if symptoms return, not to exceed 4 tablets in 24 hours. Over-the-counter medications will not be given for more than three consecutive days without an updated order from a physician. To ensure that the use of this medication is not masking symptoms or any serious condition, a Physician's Order must be submitted to the school for administration of non-prescription medications beyond the recommended product label instructions.

Procedure: Call parents or legal guardian. Monitor scholar closely until symptoms resolve.

Medication: **Generic Cough Drop**
Strength: 7.5mg Menthol
Route: Oral

Indication for use: For local soreness or irritation to mouth and gums, and for minor sore throats due to the common cold.

Dosage: Children age 5 and older - One (1) lozenge

Frequency: May repeat one lozenge every two hours as needed. Over-the-counter medications will not be given for more than three consecutive days without an updated order from a physician. To ensure that the use of this medication is not masking symptoms or any serious condition, a Physician's Order must be submitted to the school for administration of non-prescription medications beyond the recommended product label instructions.

Procedure: Call parents or legal guardian. Monitor scholar closely until symptoms resolve.