

VCS PRN OTC Medication Authorization Form

Acetaminophen 325 mg	1 Tablet 🔲	2 Tablets		PO Q 4	- 6 Hrs. PF	RN		
Acetaminophen 500 mg	1 Tablet 🔲	2 Tablets		PO Q 6	- 8 Hrs. PF	RN		
Motrin 200 mg	1 Tablet 🔲	2 Tablets		PO Q 4	- 6 Hrs. PF	RN		
Advil 200 mg	1 Tablet	2 Tablets		PO Q 4	- 6 Hrs. Pf	RN		
Midol Complete		2 Tablets		PO Q 6	Hrs. PRN			
TUMS (As per manufactu	rer directions)							
Pepto Bismol (As per mar	ufacturer direc	ctions)						
Cough Drops (As per man	ufacturer direc	tions)						
Cough Syrup (As per man	ufacturer direc	tions)						
Airborne (As per manufac	turer direction	s)						
Dramamine (As per manu	facturer direct	ions)						
Other:								
Other:								
Other:								
Student Name:		[DOB: _					
Allergies:								
I grant permission to VCS stack child while in school/school orders change. Signature o	sponsored activi	ities. It is my	/ respo	nsibility t	o notify the	e school it		=
Start Date:	End Date: _			-				
Physician Signature:			-					
						Offici	ial Stamp	



VCS PRN OTC Medication Administration Record Log

Medication Name	Dose	Date & Time	Initials/Signature

Medication Counts

Medication Name	Date/Time	# Received	# Returned	Total	Initials (RN/Teacher & Parent)