



Outpatient Medical Center, Inc.
Providing Quality Healthcare To All.

Student Name: _____ Date of Birth: _____

The medical staff as per health care provider's orders will administer the following list of medications:

Medication used for pain:

Acetaminophen (Tylenol)
Ibuprofen (Advil, Motrin)
Anbesol
Cepacol Lozenges
Midol (for menstrual cramps)

Other Medications:

Hydrocortizone cream
Silvadene Cream (for burns)
Lidocaine (numbing for wound care)
Albuterol Nebulizer Solution (for wheezing)
Ipratropium bromide/Albuterol Solution
Prednisolone (Prelone)

Medications used to cleanse wounds, eyes, or ears:

Betadine Solution
Hibiclens
Triple Antibiotic Ointment (Neosporin)
Mupirocin (Bactroban ointment)
Eye Wash Solution
Hydrogen Peroxide
Isopropyl Alcohol
Normal Saline Solution
Debrox

Antibiotics – (if needed)

Zithromax
Rocephin (for injection)

Medication for allergies:

Diphenhydramine (Benadryl)
Loratadine (Claritin)

Medications used to relieve coughing:

Dimetapp (Brompheniramine maleate, Dextromethorphan HBr, Phenylephrine HCL)

Medications used for stomach issues:

Ondansetron (Zofran)
Ranitidine (Zantac)

I UNDERSTAND THIS STUDENT MAY RECEIVE ALL MEDICATIONS OFFERED AT THE SCHOOL BASED HEALTH CENTER.

NOTE: GENERIC FORM MAY BE SUBSTITUTED

PLEASE SUBMIT A SEPARATE SHEET LISTING ANY MEDICATIONS OR SERVICES YOU DO NOT WANT YOUR CHILD TO RECEIVE. PARENT SIGNATURE AND DATE MUST BE INCLUDED.

Parent/Guardian Signature: _____ Date: _____