

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Below is a list of the over the counter medications that are available in the nurse's office. Please check the medication the student can take and write the allowed dosage next to the drug.

_____ Acetaminophen tablet 325 mg.	amount _____	(headaches)
_____ Ibuprofen tablet 200mg.	amount _____	(inflammation)
_____ Neutrialin 2/pk	amount _____	(antacid)
_____ Diaphenhydramine HCL 25mg	amount _____	(allergies)
_____ Attapulgate 600mg.	amount _____	(diarrhea)
_____ Flourescein Sodium Strips 0.6mg	one only to check for corneal scratches	

Parent/Guardian Signature

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