

# Physician Standing Orders for Non-Prescription Medications

## Valid for 1 Year

I authorize the Child Development Center staff to administer the following non-prescriptive medications to:

Child's Name \_\_\_\_\_

Type of Non-Prescription Medicine	Weight Appropriate Dose	Administered Every
Syrup of Ipecac, under the direction of the Poison Control Center, in an emergency situation.		
Acetaminophen or _____  <small>(Note: We will not administer acetaminophen to a child in order to reduce fever so that he/she may remain at the Center. If your child spikes a temperature, fever reducing medications will be administered at the parent's request while the child is in the Sick Bay. However, children cannot be readmitted to the Center until the fever has been below 100.4 F for at least 24 hours.)</small>		
Benadryl Elixir or _____ for allergic reactions.		
Pedialyte or _____ (only as directed by a physician).		
Robitussin, Robitussin DM, or _____ for coughs.		
Chloraseptic spray or _____ for mouth or throat irritations.		
Triaminic, Dimetapp or _____ for cold-related symptoms and sinus pressure.		
Mylicon drops or _____ for gas and/or colic.		
Other physician's orders specific to child's care:		
Weight Appropriate Dosages Effective _____ (date) to _____ (date)		

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**I authorize the staff of the Brownsburg Academy to administer the above medications to my child as approved by the physician and in accordance with written instructions.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

