Steele Knights Band and Guard Over-the-Counter Medication Form

Students are not allowed to self-administer any medication, even OTC medications, at school events (football games, marching competitions, etc…) Please note that in order for your student to be given the over-the-counter medications listed on this form, the "YES" box must be clearly marked and signed by the parent/guardian. All OTC and prescription medications will be given by a Steele band director or other SCUCisd employee. All medications will be administered in the amounts and frequency listed. Any other medications require a prescription from a physician. Prescriptions will be given according to the listed dosing and directions on the bottle labels. This authorization is limited to Steele band events, travel, and rehearsals, and does not extend beyond any of those events and times.

Student's Name: _____ DOB: _____

Start Date: _____ Duration of the Order: _____

Check "YES" or "NO" for the following:

Ibuprofen (Motrin, Advil) 200mg: Take 1 - 2 tablets every 4 - 6 hours as needed for discomfort. Not to exceed 6 tablets in 24 hours.

_____ YES _____ NO

Acetaminophen (Tylenol Extra Strength) 500mg: Take 2 tablets every 6 hours as needed for discomfort. Not to exceed 8 tablets in 24 hours.

_____ YES _____ NO

Diphenhydramine (Benadryl) 25mg: Take ½ - 1 tablet every 4 - 6 hours as needed for relief of allergy symptoms including itching. Not to exceed 6 tablets in 24 hours.

_____ YES _____ NO

Loperamide HCL/Simethicone (Imodium Multi-Symptom) 2mg/125mg: 2 tablets initially then 1 as needed, not to exceed 4 in 24 hours

_____ YES _____ NO

Dimenhydrinate (Dramamine) 50mg: 1/2-1 hour prior to an activity that may lead to motion sickness. Not to exceed 8 tablets in 24 hours.

_____ YES _____ NO

Antacid Calcium-Rich (Tums): Chew 2 - 4 tablets for symptoms. Not to exceed 10 tablets in 24 hours.

_____ YES _____ NO

Simethicone (Gas Ex) 125mg: Chew 1 - 2 tablets after meals and at bedtime if needed for abdominal pain related to gas pressure. Not to exceed 4 tablets in 24 hours.

_____ YES _____ NO

Loratadine (Claritin) 10mg: 1 tab daily, not more than 1 in 24 hours

_____ YES _____ NO

Tampons: My child is allowed to use a tampon as needed.

_____ YES _____ NO

Parent/Guardian Signature: _____ Date _____