

PERMISSION FOR ADMINISTERING NON-PRESCRIPTION MEDICATION (06/05/19)

CLIENT NAME:	These non-prescription medications are to be administered according to package directions and only for the symptoms on the package labeling. This does not apply to children with complicated medical conditions or allergies to medications. If symptoms persist, the child's physician should be consulted.
RECORD NUMBER:	

As the physician/parent/guardian/custodian I agree to allow the staff and/or foster parents of Carolina Family Connections to administer the following non-prescription medications only as needed for periodic treatment of condition as described below.

Parents/Custodians: Please mark out any medication that your child is allergic to, if you have an objection to the administration of the medication *or if the child is taking prescription medication and this form is not signed by the physician.*

Physicians: Please mark out any medication that this child should not be given.

EXTERNAL MEDICATIONS

Medication	For Treatment of
Neosporin or antibiotic ointment	Minor burns, cuts, abrasions
Calamine lotion (with or without Phenol)	Allergic rashes (poison ivy, poison oak, etc.)
Rubbing alcohol	Insect bites
Betadine scrubs or soap and water	Cleaning area of minor injury

INTERNAL MEDICATIONS

Medication	For the treatment of
Acetaminophen tablets (Tylenol, Datril, Panadol, etc.)	Headache or minor pain
Pepto Bismol liquid	Upset stomach
Kaopectate liquid	Diarrhea
Chlortrimeton tablets Chlorpheniramine (antihistamine)	Common cold or minor allergic reaction to insect bites
Dextromethorphan (lozenge and spray form)	Cough
Cepacol or chloraceptic lozenge	Sore throat
Mineral oil	Constipation
Milk of Magnesia	Constipation
Benedryl capsules	Allergic reactions (bee stings)
Ipecac syrup	Induce vomiting (clear with doctor and/or emergency room before administering)

Physician Signature/Date:	Parent/Guardian/Custodian Signature/Date:
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