



LBA Over-The-Counter Medication Authorization Form (Optional)

Students are **not** permitted to self-administer medications and should not be carrying medications with them for band events/trips. This form requires BOTH the physician and parent signatures to be valid. Do not return this form until you have both signatures.

Student's Name: _____ DOB: _____

Start Date: _____ Duration of Order: _____

Ibuprofen (Motrin, Advil) 200 mg. Take 1 to 2 tablets every 4 to 6 hours as needed for discomfort. Take no more than 6 tablets in 24 hours.

_____ Yes _____ No

Acetaminophen (Tylenol Extra Strength) 500mg. Take 2 tablets every 6 hours as needed for discomfort. Take no more than 8 tablets in 24 hours.

_____ Yes _____ No

Diphenhydramine (Benadryl) 25 mg. Take 1/2 to 1 tablet every 4 to 6 hours as needed for relief of allergy symptoms including itching. Take no more than 6 tablets in 24 hours.

_____ Yes _____ No

Antacid Calcium Rich (Tums, Rolaids) Chew 2-4 tablets for symptoms. Take no more than 10 tablets in 24 hours.

_____ Yes _____ No

Loperamide (Imodium) 2 mg. Chew 2 tablets after first loose stool then one after each subsequent stool. Take no more than 4 tablets in 24 hours as needed for diarrhea.

_____ Yes _____ No

Simethicone (Gas X) 125 mg. Chew 1 or 2 tablets after meals and at bedtime if needed for abdomen pain related to gas pain and pressure. Take no more than 4 tablets in 24 hours.

_____ Yes _____ No

Meclizine Hydrochloride (Dramamine) 25mg. Take 1 or 2 tablets as needed once a day one hour before activity that may lead to motion sickness. Take no more than 2 tablets in 24 hours.

_____ Yes _____ No

Physician Signature

Date

Parent/Guardian Signature

Date