A. NON-PRESCRIPTION MEDICATIONS

In the event that your child suffers from a minor ailment which does not require a doctor’s visit, for example, minor cold symptoms, minor sore throat, cough, headache, allergy symptoms, menstrual cramps or stomach ache, it may be appropriate to administer non-prescription medications as listed below.

**Tylenol:** dosed by your child’s weight, for headache, menstrual cramps, muscle aches, fever, sore throat and body aches.

**Sudafed:** a decongestant only, which does not cause drowsiness, for nasal congestion and post-nasal drip.

**Claritin, Zyrtec or Allegra:** These over-the-counter antihistamines, dosed once every 24 hours, are very helpful for the allergy symptoms of sneezing, itchy nose and throat and congestion. They do not cause drowsiness.

**Tums:** This very safe source of calcium is useful for stomach discomfort due to stress and/or excess acid.

**Zaditor:** This over-the-counter eye drop will only be used for students who are known to have seasonal allergies affecting the eyes, with symptoms of itching, tearing and redness.

**Cough Suppressant:** This medication is useful for the dry, non-productive cough.

**Dramamine/Bonine:** This medication prevents motion sickness. It will only be administered before trips which involve lengthy, rocking-type motion, and only to students with a history of nausea and vomiting due to motion sickness.

**Ibuprofen:** also known as Advil or Motrin. This medication is useful for discomfort that is not well-relieved by Tylenol, such as badly sprained ankles, very painful menstrual cramps, etc.

**Potassium Iodate:** to be given only in the event of a verified radiation emergency. Children aged 5-18 will receive a 50 mg. tablet and adolescents weighing 150 lbs. or more will receive a 100 mg. tablet.

**Benadryl:** This antihistamine will be given for more serious cases of allergic reaction. Since this medication can be sedating, it is reserved for cases of potentially serious allergic reactions.

**Imodium AD:** Since most diarrhea is self-limiting, Imodium AD will only be given after 2-3 episodes of diarrhea. Usually only one dose is required, but a second half-strength dose may be given.

Please indicate your wishes by placing an “x” in the appropriate box:

- The Harker School has my permission to give the above listed non-prescription medications.
- I DO NOT WANT The Harker School to give non-prescription medications.
- Please list any non-prescription medication which you do not want your child to take:
- Please list any non-prescription medication to which your child has had or may have an adverse or allergic reaction:

B. PRESCRIPTION MEDICATIONS

Prescription medications must be in the original container, with physician’s instructions clearly labeled.

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>DOSAGE/TIME</th>
<th>REASON FOR MEDICATION</th>
</tr>
</thead>
</table>

Please indicate your wishes by placing an “x” in the appropriate box:

- Permit to Take Medications

Parent/Guardian Signature: ____________________________ Date: ____________