

The Villages[®] Charter School

VCS PRN OTC Medication Authorization Form

Acetaminophen 325 mg 1 Tablet 2 Tablets PO Q 4 - 6 Hrs. PRN

Acetaminophen 500 mg 1 Tablet 2 Tablets PO Q 6 - 8 Hrs. PRN

Motrin 200 mg 1 Tablet 2 Tablets PO Q 4 - 6 Hrs. PRN

Advil 200 mg 1 Tablet 2 Tablets PO Q 4 - 6 Hrs. PRN

Midol Complete 2 Tablets PO Q 6 Hrs. PRN

TUMS (As per manufacturer directions)

Pepto Bismol (As per manufacturer directions)

Cough Drops (As per manufacturer directions)

Cough Syrup (As per manufacturer directions)

Airborne (As per manufacturer directions)

Dramamine (As per manufacturer directions)

Other: _____

Other: _____

Other: _____

Student Name: _____ DOB: _____

Allergies: _____

I grant permission to VCS staff to assist in the administration of prescribed medication and/or treatment to my child while in school/school sponsored activities. It is my responsibility to notify the school if and when these orders change. **Signature of Parent/Guardian:** _____

Start Date: _____ End Date: _____

Physician Signature: _____



