

YOUTH FOR TOMORROW
OVER-THE-COUNTER CONSENT FORM
ONE TO TWELVE YEARS OF AGE

RESIDENT'S NAME: _____

DOB: _____

ALLERGIES: _____

WEIGHT: _____ *****PLEASE CHECK ALL MEDICATIONS WHICH ARE AUTHORIZED TO BE GIVEN****

	PRODUCT	BRAND	USE
	ACETAMINOPHEN CHILDREN'S SUSPENSION	TYLENOL/EQUATE	USE AS NEEDED FOR PAIN OR FEVER EVERY FOUR HOURS, NOT TO EXCEED 6 DOSES WITHIN 24 HOURS. CONTACT NURSING FOR DOSAGE, DOSAGE BASED ON WEIGHT.
	ALOE VERA EXTRACT		FOR RELIEF OF MINOR SUNBURN SYMPTOMS. APPLY SPARINGLY AS NEEDED TO AFFECTED BODY PART. TWICE A DAY.
	ANTIFUNGAL FOOT POWDER		APPLY 2 X DAY TO CLEAN, DRY FEET/FUNGUAL INFECTION AS NEEDED. STOP AFTER 30 DAYS.
	BENADRYL SUSPENSION		FOR THE RELIEF OF RUNNY NOSE, ITCHY EYES/SKIN, OR OTHER ALLERGY SYMPTOMS. DOSAGE WILL VARY BASED ON WEIGHT-PLEASE CHECK WITH NURSING.
	BENOCAINE 10-28% LIQUID GEL	ORAGEL/AMBESOL	APPLY WITH SWAB TO AREA IN MOUTH. USE ONLY FOR 7 DAYS. DO NOT USE IF ALLERGIC TO LOCAL ANESTHETICS
	BENZOYL PEROXIDE CREAM 5-10%		FOR TREATMENT OF ACNE. APPLY TO AFFECTED AREA ON CLEAN DRY FACE 2 X A DAY FOR 30 DAYS, THEN REASSESS. KEEP AWAY FROM EYE.
	BURN SPRAY	MED-FIRST, DERMOPLAST	RELIEVES THE PAIN OF MINOR BURNS, SUNBURN, SCALDS, AND ABRASIONS TOPICALLY AS NEEDED 2X DAY
	CALAMINE/CALADRYL LOTION	EQUATE/IBUPROFEN	APPLY TOPICALLY TO DRY, OOZING POISON IVY, OAK, OR SUMAC 3 TIMES A DAY AS NEEDED. NOT TO BE USED MORE THAN 7 DAYS.
	CLOTRIMAZOLE CREAM 1%	WALMART/TARGET	APPLY CREAM TOPICALLY TO AFFECTED AREA 2 X A DAY FOR FUNGUS AND/OR RASHES AS NEEDED.
	DIPHENHYDRAMINE CREAM	BENADRYL	APPLY TOPICALLY TO SKIN IRRITATIONS, HIVES, OR RASHES. TOPICALLY 3 TIMES A DAY AS NEEDED.
	EARWAX REMOVAL DROPS	DEBROX	PLACE 5-10 DROPS IN EACH EAR 2 X DAY FOR 5 DAYS AS NEEDED FOR WAX BUILD-UP
	EYE DROPS	MURINE/VISINE/DRY ARTIFICIAL TEARS	1-2 DROPS TO EACH EYE AS NEEDED FOR TEMPORARY RELIEF OF DRY/RED/IRRITATED EYES UP TO 4X A DAY FOR 7 DAYS THEN REASSESS
	GUAIFENESIN 100MG/10MG	TUSSIN/ROBITUSSIN/EQUATE, SAMS/TARGET	FOR THE RELIEF OF NON-CHRONIC COUGH/THROAT IRRITATION. 2 TEASPOONS (10 CC) BY MOUTH EVERY 4 HOURS AS NEEDED. NOT TO EXCEED 12 TEASPOONS IN 24 HOURS
	GUMMY VITAMINS	EQUATE/TARGET	TAKE 2 GUMMIES ONCE A DAY
	HYDROCORTISONE CREAM 0.5% AND 1%	TARGET/EQUATE	FOR ITCHING ASSOCIATED WITH INSECT BITES, SURFACE ABRASIONS, POISON IVY, ECT. APPLY 2-3 TIMES DAILY AS NEEDED TOPICALLY.
	LORATADINE 10 MG	EQUATE	TEMPORARY RELIEF OF SYMPTOMS DUE TO UPPER RESP ALLERGIES: RUNNY NOSE, ITCHY WATERY EYES, SNEEZING, AND ITCHING OF THROAT AND NOSE. 1 TAB BY MOUTH DAILY, NOT MORE THAN ONE TAB IN 24 HOURS
	MAALOX		1 TABLESPOON (15 ML) BY MOUTH EVERY 4 HOURS AS NEEDED FOR GAS PAINS OR INDIGESTION. NOT TO EXCEED 4 DOSES IN 24 HOURS. STOP AFTER 30 DAYS.
	MIRALAX POWDER		TAKE 2 TABLESPOONS (30 CC) BY MOUTH AT BEDTIME WITH 8 OZS OF WATER AS NEEDED FOR CONSTIPATION. STOP AFTER 3 DAYS AND CONTACT NURSING IF NOT HELPING. DO NOT GIVE WHEN ABDOMINAL PAIN, NAUSEA, OR VOMITING ARE PRESENT UNLESS DIRECTED BY DOCTOR OR NURSING
	MOTRIN SUSPENSION	TARGET/WALMART	USE EVERY 6 HOURS AS NEEDED FOR PAIN, FEVER, OR INFLAMMATION, NOT TO EXCEED 4 DOSES IN 24 HOURS. CONTACT NURSING FOR DOSAGE. DOSAGE BASED ON WEIGHT.

[Type here]

YOUTH FOR TOMORROW
OVER-THE-COUNTER CONSENT FORM
ONE TO TWELVE YEARS OF AGE

RESIDENT'S NAME: _____

DOB: _____

ALLERGIES: _____

	MUSCLE RUB	MINERAL ICE/ICY HOT	APPLY TOPICAL TREATMENT FOR TEMPORARY RELIEF OF MUSCLE SORENESS TO AFFECTED AREAS 2 TIMES A DAY AS NEEDED. APPLY WITH GLOVE
	PERMETHRIN LOTION 1%	LICE KIT	THOROUGHLY MASSAGE INTO HEAD AND/OR BODY FOR THE TREATMENT OF LICE. LEAVE ON FOR 10 MINUTES THEN RINSE. MAY RETREAT IN 7-10 DAYS. (NOTIFY NURSING IF REPEATED)
	SALINE NASAL SPRAY		FOR DRY NASAL MEMBRANES OR CONGESTION. SQUEEZE 2 TIMES IN EACH NOSTRIL AND CLEAN OUT WITH BULB SYRINGE OR TISSUE. USE THREE TIMES A DAY AS NEEDED.
	SUNSCREEN		APPLY TO AFFECTED AREAS TO PREVENT MINOR SUNBURN
	TRIPLE ANTIBIOTIC CREAM	NEOSPORIN/EQUATE/TARGET	FOR SCRATCHES AND SURFACE ABRASIONS. APPLY 3 TIMES A DAY AS NEEDED.
	PEDIALYTE	CVS/HARRIS TEETER BRAND	1-2 OZ EVERY HOUR AS NEEDED FOR VOMITING OR DIARRHEA. OR PER DOCTOR'S ORDER

Provider: _____

Date: _____

[Type here]