Ball-Chatham School District Order Form for Non-Prescription Medications

Ball Elementary School P: 217-483-2414 F: 217-483-3968 besnurse@bcsd5.org

Chatham Elementary School P: 217-483-2411 F: 217-483-5270 cesnurse@bcsd5.org **Glenwood Elementary** School P: 217-483-6704 F: 217-483-6904 gesnurse@bcsd5.org

Glenwood Intermediate School P: 214-483-1183 F: 217-483-1254 gisnurse@bcsd5.org

P: 217-483-2481 F: 217-483-4940 gmsnurse@bcsd5.org

Glenwood Middle School Glenwood High School P: 217-483-2424 F: 217-483-5402 ghsnurse@bcsd5.org

Health services are provided to all students in the Ball-Chatham School District by Registered Nurses or Licensed Practical Nurses under the supervision of the RN. The administration of medication during the school day is provided to enable the student to remain in school to maintain or improve health status, and to improve potential for education. All of the below medications will be given on an as-needed basis. Medication doses are administered appropriately for weight, age, and symptoms. All regularly scheduled non-prescription medications will reguire a separate physician order.

PLEASE CHECK THE BOXES OF APPROVED OVER-THE-COUNTER MEDICATIONS TO BE ADMINISTERED AT SCHOOL.

For the relief of headache, minor aches, discomfort, sore throat, generalized pain or fever;

- Acetaminophen (Tylenol) or generic equivalent by mouth
- Ibuprofen (Advil) or generic equivalent by mouth

For seasonal allergy relief or allergic reactions:

Benadryl or generic equivalent by mouth

For the cleaning and care of wounds, minor scrapes, abrasions, and minor cuts/burns:

Antiseptic Wound Cleaner, Hydrogen peroxide (or generic equivalent): apply to affected areas

Bacitracin ointment/creams (or generic equivalent): apply to affected areas

Burn Gel, Cream, or Pads: for minor burns apply to affected areas sparingly

- For the relief of itching associated with inflammation and rashes due to poison ivv. sumac, allergic reaction, or insect bites;
 - Hydrocortisone Cream 0.5% or 1% apply to the affected area sparingly
 - Benadryl Cream/Ointment/Gel (or generic equivalent)- apply to affected area sparingly
 - Sting Swabs (or generic equivalent)- apply to affected sparingly

To aid in the relief of acid indigestion, upset stomach, or gastric reflux:

Tums (or generic equivalent)- give1-2 tablets as directed by mouth

For cough relief or to soothe minor sore throat pain:

Cough drops- dissolve slowly in the mouth

For minor mouth irritations, gum discomfort, or toothache:

Oragel (or generic equivalent)- apply to affected area sparingly

For relief of dry, itchy, irritated eyes:

□ Visine Drops (or generic equivalent)- apply 1-2 drops in the affected eye(s) for environmental allergy relief

This form and its physician permissions will be effective from this date until the student begins the next grade level that a physical is required for school by the State of Illinois. Physicals are required in K, 6th, and 9th grade. A parent or guardian may notify the school nurse of rescinded permission at any time and will be required to review their over-the-counter medication permissions annually during school registration.

Student Name	DOB	Grade	School Year	
Parent/Guardian Name (Printed)				
Parent/Guardian Signature		Date:		
Physician Name (Printed)				
•				
Address	Phone Number			
Physician Signature		Date		