**Stock Medication Order Form**

**Susquehanna Valley Central School District**

1. **To be completed by Parent/Guardian**

I request that my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_ Grade\_\_\_

Receive the medications indicated below form school stock supply.

Signature (parent/Guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Medications**

**Please check medications to be given from school stock and indicate dosage**

□ Ibuprofen /Advil 200mg/tab \_\_\_\_ tablet(s) every 6 hours as needed for pain /discomfort

□ Ibuprofen/Advil suspension 100 mg /5 ml\_\_\_\_\_ mg every 6 hours as needed

□ Acetaminophen/Tylenol 325 mg/tab \_\_\_\_tablet(s) every 4 hours as needed for pain/discomfort

□ Acetaminophen/Tylenol suspension 160 mg/5 ml\_\_\_\_ mg every 4 hours as needed

□ Diphenhydramine/Benadryl 25 mg/tab\_\_\_\_ tablet(s) every 4 hours for allergy/mild antihistamine reaction every 4-6 hours as needed.

□ Diphenhydramine/Benadryl 12.5 mg/5ml \_\_\_\_mg every 4 hours for allergy/mild antihistamine reaction as needed

 □ Antibiotic ointment for cuts /superficial skin injuries as needed

□ Cough drops as per package instructions as needed for sore throat

□ Caladryl/Calamine lotion as needed for itching/insect bites

□ Sunscreen apply as per package directions

Special Instructions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **To be completed by physician**

Physician Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI # \_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_