

## Medication Authorization Form Instructions

It is very important that the medication authorization form is completed properly. Please use the sample below as a guide when completing the RLASD Medication Authorization Form:

<b>PRN (as needed) MEDICATIONS</b>					<b>Condition under which medication should be given:</b>
<b>Medicine Name</b>	<b>Route</b>	<b>Dose</b>	<b>Frequency/Time</b>	<b>Duration</b>	
Ibuprofen (Advil), 200mg tablets	Oral	1 or 2 tablets	Every 4 to 6 hours as needed	From: 9-03-13 To:6-07-14	Pain, headache, menstrual cramps
Acetaminophen (Tylenol), 325mg tablets	Oral	2 tablets	Every 4 hours as needed	From: 9-03-13 To: 06-07-14	Headache, pain

As a guideline, for most middle school students (over 95 pounds), the maximum dosages allowed without a physician signature would be:

\* Ibuprofen – 200 to 400 mg (1 or 2 tablets)

\* Acetaminophen – 650mg (2 tablets)

**\*If you are unsure of the correct dosage, please consult with your health care provider.**

\*Be sure the form is signed. For over-the-counter medications only a parent signature is required. For prescription medications a physician's signature is also required. **No medication will be given without the required signatures.**