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## PHYSICIANS ORDERS FOR OVER THE COUNTER MEDICATION

Child's Name: \_\_\_\_\_ Date of Visit: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Medical Professional: \_\_\_\_\_  
Allergies: \_\_\_\_\_

*Community Care Licensing Regulations preclude Resource Parents from administering medication without prior approval and instruction from a medical professional. This includes over the counter (OTC) medications. Please indicate on this form those medications that are not appropriate for the child. Any category not marked will require contact with a health care provider prior to administration.*

### Please use medication per label instructions

Analgesics & Antipyretics for pain relief and fever control (Tylenol, Liquiprin, Panadol, Tempra, or any form containing acetaminophen)  
\*For menstrual cramps (Pamprin or Midol)  
\*IBUPROFEN (Motrin, Advil, or any form containing Ibuprofen)

Cough Preparations (Vick's Pediatric Formula 44, Robitussin DM, Triaminic DM or Triminicol)  
LONG-ACTING DEXTROMETHORPHAN (Delsym)

Decongestants: For congestion or stuffy nose PSEUDOEPHDRINE (Pediapcare Infant Drops, Sudafed Liquid or Tablets)  
\*PHENYLOPROPANOLAMINE (Allerest, Coricidin, Dimetapp, Naldecon, Robitussin CF, St. Joseph's Cold Tablets, Triaminic, Triaminic DM)

Antihistamines: for skin & nasal symptoms CHLOPHENIRAMINE (Allarest, Chlortrimenton, Comtrex, Contac, Dorcol, Pediacare Preparations, Ryna, Ryna-C-Sudafed-Plus, Triaminic Preparations, Children's Tylenol Cold Preparations, Vick's Children's NyQuil, Vick's Pediatric Formula 44 Preparations)  
\*BROMPHRENTAMINE (Bromfed, Dimetane Preparations, Dimetapp Preparations, Dristan Preparations, Drixoral)  
\*DIPHENHYDRAMINE (Benadryl Preparations, Benylin)  
\*TRIPROLINDINE (Actifed Preparations, Sudafed, Actifed)

Sore Throat Preparations PHENOL & SODIUM PHENOLATE (Cepacol, Cepastal, Chloraseptic, Throat Lozengers, Sucrets, Throat spray)

Eye Drops For Irritation Due to Allergies TETRAHYDROZOLINE HYDROCHORIDE (Alcon, Clear Eyes, Murine, Visine)  
\*Ear Drops

Topical Skin Preparations for itching CALAMINE or CALADRYL LOTION  
\*0.5% or 1.0% HYDROCORTISONE CREAM (Caldecort, Cortaid, Cortezone 5, Cortezone 10)  
\*Topical Antibiotics (Bactine, Mycltracin, Neosporine, Nupercainal, Polysporin)  
\*Hydrogen Peroxide, Rubbing Alcohol for cleaning of minor cuts and scrapes  
\*Fungicides for athlete's foot or yeast infection on the skin (Cryex, Desenex, Lotrimeon, Mycelex, Tinactin, Clotrimazole, Miconazole, Tolmaflata, Anti-fungal cream/ powder)  
\*Muscle Strain (Ben Gay, Icy Hot, Mineral Ice)  
\*Sunscreen (Topical)  
\*Acne (Avon, Clean & Clear, Clearskin 2, Noxzema, Oxy 10, Stridex)  
\*Insect Repellent  
\*Lice Treatment (Nix, Rid)  
\*Vicks Vapo-Rub (Topical)

Anti-Diarrheal (Imodium, Imodium AD, Kaopectate, Pepto-Bismol)

Anti-Flangent for Gastric Acid (Simenthicone, Tums, Roloids, Malox, Gas-X, Infant's Mylicon)

Multi-Vitamins  
\*Specific Vitamin/s

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I hereby give my consent for Children First Foster Family Agency Resource Parents to provide treatment for the listed signs and symptoms identified with the medication/s above. By signing this form, I am authorizing medications as necessary for the child's whose name appears on this form.

**Medical Professional**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_