



Over-the-Counter Medication Orders for Use as Needed

Name	Date (good for one year)	Doctor's Signature
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Allergies

Symptom	Medication	Dosage	Frequency	Maximum Amount In 24 Hours
Headache	Tylenol	325 mg 2 Tablets	Every 4-6 hours as needed	
Menstrual Cramps	Tylenol	325 mg 2 Tablets	Every 4-6 hours as needed	
Diarrhea If more than five times/day see doctor.	Imodium A-D Tablets	2 mg 2 tablets	Once a day	
Constipation If three days or longer, see doctor.	Dulcolax Soft Chews	1200 mg	Once a day	
Sore throat or cough	Ricola Lozenges	1 Drop	Once a Day	
Sun Protection	Sunscreen	30 SPF	As needed	
Fever under 101°F If more than 101°F, see doctor	Tylenol	325 mg 2 Tablets	Every 4-6 hours as needed	
Insect Protection	Insect Spray	N/A	Apply as needed	
Any medications that should never be given.				

Parent Name

Date

Signature
