

# Provider Orders for Over The Counter (OTC) Medication at School Form

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M / F

The parent/guardian of the child listed above has authorized OTC medications to be administered during school hours. Head Start performance standards (1304.22(c)(3)) requires a provider's order for all medications administered by staff including OTC medications due to its intended use as a treatment or preventative measure. **Bulk diaper cream must be replaced 6 months after open date (WAC 170-295-3080).**

| X                        | OTC Medication                                    | Drug/purpose/dosage instructions/side effects/special instructions | Start Date | Stop Date |
|--------------------------|---|--|------------|-----------|
| <input type="checkbox"/> | Diaper Cream<br><i>(bulk)</i>                     | Active Ingredient:   |            |           |
| <input type="checkbox"/> | Diaper Cream<br><i>(individual container)</i>     |  |            |           |
| <input type="checkbox"/> | Ointments/<br>Lotions                             |  |            |           |
| <input type="checkbox"/> | Decongestants                                     |  |            |           |
| <input type="checkbox"/> | Non-aspirin fever<br>reducers & pain<br>relievers |  |            |           |
| <input type="checkbox"/> | Antihistamines                                    |  |            |           |

Parent/Guardian Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Care Provider's Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

ITE/Teacher: \_\_\_\_\_ Date: \_\_\_\_\_ ITP/Assistant: \_\_\_\_\_ Date: \_\_\_\_\_ FA/FE/FSF/HV \_\_\_\_\_ Date: \_\_\_\_\_ Dir/C Coord: \_\_\_\_\_ Date: \_\_\_\_\_

