

*Overbrook School for the Blind
6333 Malvern Avenue
Philadelphia, PA 19151
Phone: 215-877-0313 x 231 Fax: 215-689-0137*

PRN MEDICATION ORDERS

Please complete the following form. Thank you

Cross out any medications you do not want the student to have.

Student's Name: _____

Date of Birth: _____

Tylenol or generic substitute _____mg po/gt/jej (circle all that apply)

Q _____hr. prn for: headache, fever of _____, pain or: _____

Motrin or generic substitute _____mg po/gt/jej (circle all that apply)

Q _____hr. prn for: menstrual cramps or: _____

Benadryl or generic substitute _____mg po/gt/jej (circle all that apply)

Q _____hr. prn for: allergic reaction or: _____

Aquaphor for dry skin or lips

Vicks Vapor Rub for nasal congestion

Over the counter diaper rash cream of parent's choice

Cough drops for cough

Eye wash for emergency foreign object remover

Calmoseptine for skin irritation

Vaseline for skin or lip irritation

Sunscreen

Physician Name (please print)

Date form completed

Office Address: _____

Office Phone Number

Physician Signature

Date

Parent/Guardian Signature

Date