**Approved OTC Medications for:**

**Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please check those that apply:**

* **Antibiotic Creams & Ointments**  for minor cuts and scratches
	+ Neosporin or Store Brand Equivalent
* **Hydrogen Peroxide**
* **Rubbing Alcohol**
* **Congestion Relief**
	+ Vicks Baby Rub
* **Pain and Fever Relievers**
	+ Infant Ibuprofen – Dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Infant Tylenol – Dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Children’s Ibuprofen – Dosage \_\_\_\_\_\_\_\_\_\_\_
	+ Children’s Tylenol – Dosage \_\_\_\_\_\_\_\_\_\_\_\_
	+ Adult Ibuprofen – Dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Adult Tylenol – Dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Rehydration Fluids** for vomiting or diarrhea
	+ Pedialyte or Store Brand equivalent
	+ Gatorade or Store Brand equivalent
* **Diarrhea Relief**
	+ Pepto-Bismol or Store Brand equivalent
* **Saline Nasal drops**
	+ Little Noses or Store Brand Equivalent
* **Skin Creams** **& Ointments**
	+ Hydrocortisone Cream (0.5%)
	+ Calamine Lotion
* **Topical Protectant Creams** for diaper rashes
	+ Desitin or Boudreaux’s Butt Paste
* **Glycerin Suppositories** for constipation
* **Teething/Oral Treatments**
	+ Baby Orajel
	+ Teething Tablets
	+ Orajel
* **Other: Please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **Physician’s Name Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Foster/Adopt Parent(s) Name Date**