**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**