# Over the Counter Medications

Child name:

Treating Health Professional:

Medical office name:

Date:

**Rule Reference: 7.708.41 J(3)** State regulations require foster parents to have a physician’s approval to administer over the counter medications to the foster children in their care. Please indicate which of the following may be administered to the child by checking them off and/or filling in which particular medication is appropriate. Please indicate if the dosage is different from the dose recommended on the packaging.

Ibuprofen Cough Syrup

Tylenol Eye drops

Children’s aspirin PMS medication

Allergy medication Sunscreen

Antibiotic cream Vitamins

Herbal supplements Lip balm

Nasal spray Flu remedies

Hydrogen peroxide Calamine lotion

Acne creams/lotions Athlete’s foot remedies

Cold sore medication Motion sickness pill

Rubbing alcohol Teething cream

Lice shampoo Iodine

Stomach upset remedies Diaper rash ointments

Cold medicines Other (please list)

SIGNED: DATE: