# 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: