166 Lincoln Street ● Kensington, CT ● 06037 ● 860.223.6428 ● www.mooreland.org

Medical Authorization

When your child goes on a field trip a nurse, designated medical chaperone, or school personnel will be responsible for keeping and dispensing all medications. Students are not to carry any medication for which there is no written permission.

The following non-prescription medications have been approved for administering, as needed:

May your child be given the following, if needed?

•	Tylenol – 650 mg. every 4 hours, for fever, headache or pain	yes___ no___
•	Ibuprofen – 200 mg. every 6 hours for headache, muscle pain	yes___ no___
•	Pepto-Bismol – 2 tablets for nausea, vomiting, or diarrhea	yes___ no___
•	Dramamine – 50-100 mg. every 4-6 hours for motion sickness	yes___ no___
•	Tums – 2 tablets every 4-6 hours for indigestion	yes___ no___
•	Robotussin cough syrup – tsp. every 4 hours (max. 12 tsp. in a 24 hour period) for persistent cough	yes___ no___
•	Benadryl – 25-50 mg. every 4-6 hours for hives or minor allergic reaction	yes___ no___
•	Sudafed – 2 tablets every 6 hours for nasal congestion, not to exceed 8 tablets in 24 hours	yes___ no___

NOTE: If your child needs medications while away, other than those listed above, you will need to complete a **medication authorization form** which contains the physicians medication order and your signature permitting your child to receive the medication. If your child takes medications, inhalers or nasal sprays daily that they will require while away, please list the name, dose, and frequency for each below.

Prescription Medications **Dosage** **Frequency**

_____

_____

Please list below any other comments about your child's health that might be helpful to the chaperones:_____

_____

_____

_____ _____

Parent or Guardian Signature Date