

WHITNEY ELEMENTARY SCHOOL

P.O. BOX 518

308 Bosque St.

Whitney, TX 76692

Phone 254-694-3456 Fax 254-694-2059



Principal: Amber Seeley
Asst. Principal: Sara Ripley
Counselor: Lindsey Threadgill

Over-The-Counter (OTC) Medications

Administration of over the counter medication during the school day requires a medical provider AND parent/guardian signature to meet the standards of the Nursing Practice Act. (NPA 301.002(2)(C))

Product (or generic equivalent)	Application
Antiseptic cleanser	Topical application to cleanse minor cuts or abrasions
Cough Drops*	Administered as needed for cough
Hydrocortisone Cream 1%	Topical application for itching and/or rash
Lip Ointment	Topical application to chapped lips
Normal Saline/Sterile Saline Solution	Irrigating solution for eyes, skin, & contact lenses
Orajel*	Topical application to minor mouth irritations/toothaches
Salt	Mix ½ tsp of salt with 6-8 oz of H2O for gargling
Sting Relief Insect Bite Relief	Topical application to minor insect bites or stings
Tylenol/Advil(Ibuprofen)*	Administer tabs, caps, or liquid PRN as directed per age/wt
Tums*	Administer tabs PRN as directed per age for stomach pain

***Notes medications that MUST be provided by the parent in the original bottle**

Student Name: _____ Grade: _____

Physician Signature: _____ Date: _____

Physician Name (Print): _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Print): _____

In accordance with the Nurse Practice Act; Texas Administrative Code, Section 217.11, the RN and or LVN have the responsibility and authority to refuse to administer medications that, in the nurse's judgment, are contraindicated for administration to the student.

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FAX

To: **From:** Crystal Haubert, BSN, RN

Fax: **Fax:** 2546942059

Phone: **Phone:** 2546943456

No. Pages:2 **Date:**

Subject: Medication Orders needed for school

Comments: Texas BON requires physician orders for nurses to administer medication. The parents are willing to let me give OTC medication, but I need permission from you as their PCP. This will assist me in providing care. Thank you for your time.