



Zionsville Community Schools

MEDICATIONS THAT REQUIRE PHYSICIAN AUTHORIZATION

For Zionsville Community Schools Staff:

- Benadryl, or generic equivalent, per dosing instructions PRN severe allergic reactions
- EpiPen PRN for anaphylactic reaction per ZCS standing order
- Naloxone PRN for opioid overdose per ZCS standing order

For ZCS students Grades EC and K through 12 (with written parent consent on file):

- Benadryl, or generic equivalent, based on weight per package instructions, for an allergic reaction to be repeated in 6 hours if necessary

- Acetaminophen for grades 6-12: 325 mg, 1-2 tabs every 4 hours as needed for pain or fever
- Ibuprofen for grades 6-12: 200 mg, 1-2 tabs every 6 hours as needed for pain or fever
- Acetaminophen for grades EC and K-5: dose based on weight per package instructions every 4 hours as needed for pain or fever (parent will be contacted)
- Ibuprofen for grades EC and K-5: dose based on weight per package instructions every 6 hours as needed for pain or fever (parent will be contacted)
- Tums, or generic equivalent, per dosing instructions on package as needed for dyspepsia

For ZCS students Grades EC and K through 12 (with no written parent consent on file):

- Benadryl, or generic equivalent, based on weight per package instructions, for severe allergic reactions to be repeated in 6 hours if necessary
- Epinephrine auto-injector (EpiPen® or EpiPen Jr.®) per ZCS standing order (students with known life threatening reactions should have their own epinephrine auto injector)
- Naloxone nasal spray per ZCS standing order

The following OTC pharmaceuticals may be administered in the ZCS clinics per dosage instructions on the package:

- Afrin® nose spray for nosebleeds
- Anbesol®, Blistex®, Carmex®, Chapstick®, Oragel®, or generic equivalent
- Artificial Tears®, or generic equivalent, for eye lubrication
- Bactine®, or generic equivalent
- Caladryl®, or generic equivalent
- Chloraseptic® sore throat spray, or generic equivalent
- Contact solution
- Cough drops
- Eye wash buffered solution
- Eucerin® lotion, or equivalent
- Hydrocortisone 1%, or equivalent
- Neosporin®, Bacitracin, or generic equivalent
- Vaseline®, or equivalent
- Water Jel Burn Jel®, Cool Jel®, or generic equivalent
- Spacers for inhalers
- Sunscreen (non-aerosol)
- Sting-Eze® swabs, or equivalent

Physician/Licensed Prescriber Signature

Date 8-1-25

Printed Physician/Licensed Prescriber Name

Don Miller

2025-2026