CARY ACADEMY
MEDICATION ADMINISTRATION FORM

Student's Name ______________________ **Date of Birth** __________

Drug Allergies (if none, state none) ______________________________

NON-PRESCRIPTION MEDICATIONS

Reason	Name of Medication		
Pain/Headache	☐ Acetominophen (Tylenol)	☐ Ibuprofen (Advil/Motrin)	☐ Naproxen (Aleve)
Muscle Aches	☐ Biofreeze Gel		
Allergy Symptoms	☐ Loratadine (Claritin)	☐ Cetirizine (Zyrtec)	☐ Diphenhydramine (Benadryl)
Cold/Cough	☐ psuedephedrine (sudafed)	☐ Delsym	☐ guaifenesin
Sore Throat	☐ Cough Drops	☐ Throat Lozenges	☐ Chloraseptic Throat Spray
Eye Irritation or Contact Lens Care	☐ Zaditor	☐ Contact Lens Solution	☐ Eye Wash
Stomach Pain, Nausea or Diarrhea	☐ ☐ Tums ☐ Immodium	☐ Mylanta	
Abrasion or Cuts	☐ Bacitracin Ointment		
Skin Rashes, Irritations or Burns Preventative	☐ Hydrocortisone Cream ☐ Insect Repellent	☐ Silvadene/Burn Cream ☐ Sunscreen	☐ Benadryl cream/spray

Please check one of the boxes below:

- ☐ **All of the Medications**
- ☐ **Only those marked above**
- ☐ **None of the Above**

****Physician or Nurse Practitioner Signature** ____________________ **Date** __________

****Parent or Guardian Signature** ______________________________ **Date** __________