

YOUTH FOR TOMORROW
OVER-THE-COUNTER CONSENT FORM
BIRTH TO ONE YEAR OF AGE

RESIDENT'S NAME: _____

DOB: _____

ALLERGIES: _____

WEIGHT: _____ *****PLEASE CHECK ALL MEDICATIONS WHICH ARE AUTHORIZED TO BE GIVEN****

PRODUCT	BRAND	USE
ACETAMINOPHEN INFANT DROPS	TYLENOL/EQUATE	USE AS NEEDED FOR PAIN OR FEVER EVERY FOUR HOURS, NOT TO EXCEED 6 DOSES WITHIN 24 HOURS. CONTACT NURSING FOR DOSAGE, DOSAGE BASED ON WEIGHT.
ALOE VERA EXTRACT		FOR RELIEF OF MINOR SUNBURN SYMPTOMS. APPLY SPARINGLY AS NEEDED TO AFFECTED BODY PART. TWICE A DAY.
BENADRYL SUSPENSION		FOR THE RELIEF OF RUNNY NOSE, ITCHY EYES/SKIN, OR OTHER ALLERGY SYMPTOMS. DOSAGE WILL VARY BASED ON WEIGHT-PLEASE CHECK WITH NURSING.
BENOCAINE 10-28% LIQUID GEL	ORAGEL/AMBESOL	APPLY WITH SWAB TO AREA IN MOUTH. USE ONLY FOR 7 DAYS. DO NOT USE IF ALLERGIC TO LOCAL ANESTHETICS
CALAMINE/CALADRYL LOTION	EQUATE/IBUPROFEN	APPLY TOPICALLY TO DRY, OOZING POISON IVY, OAK, OR SUMAC 3 TIMES A DAY AS NEEDED. NOT TO BE USED MORE THAN 7 DAYS.
DIPHENHYDRAMINE CREAM	BENADRYL	APPLY TO SKIN IRRITATIONS, HIVES, OR RASHES. TOPICALLY 3 TIMES A DAY AS NEEDED.
EARWAX REMOVAL DROPS	DEBROX	PLACE 5-10 DROPS IN EACH EAR 2 X DAY FOR 5 DAYS AS NEEDED FOR WAX BUILD-UP
MOTRIN INFANT DROPS	TARGET/WALMART	*MUST BE AT LEAST 6 MONTHS OF AGE* . USE EVERY 6 HOURS AS NEEDED FOR PAIN, FEVER, OR INFLAMMATION, NOT TO EXCEED 4 DOSES IN 24 HOURS. CONTACT NURSING FOR DOSAGE. DOSAGE BASED ON WEIGHT.
PERMETHRIN LOTION 1%	LICE KIT	THOROUGHLY MASSAGE INTO HEAD AND/OR BODY FOR THE TREATMENT OF LICE. LEAVE ON FOR 10 MINUTES THEN RINSE. MAY RETREAT IN 7-10 DAYS. (NOTIFY NURSING IF REPEATED)
SALINE NASAL SPRAY		FOR DRY NASAL MEMBRANES OR CONGESTION. SQUEEZE 2 TIMES IN EACH NOSTRIL AND CLEAN OUT WITH BULB SYRINGE. USE THREE TIMES A DAY AS NEEDED.
SUNSCREEN		Apply to affected areas of skin that may be exposed to sunlight.
TRIPLE ANTIBIOTIC CREAM	NEOSPORIN/EQUATE/TARGET	FOR SCRATHES AND SURFACE ABRASIONS. APPLY 3 TIMES A DAY AS NEEDED.
VITAMIN D DROPS	EQUATE/D VI SOL	1 ML EVERY DAY BY MOUTH.
PEDIALYTE	CVS BRAND/HARRIS TEETER BRAND	1-2 OZ EVERY HOUR AS NEEDED FOR VOMITING OR DIARRHEA. OR PER DOCTOR'S ORDER
NYSTATIN OINTMENT 100,000		APPLY TO AFFECTED AREA 3 X DAY FOR 7 DAYS, THEN AS NEEDED. MUST BE APPROVED BY NURSING BEFORE STARTING.
NYSTATIN SUSPENSION 100,000		APPLY ___CC TO EACH SIDE OF MOUTH 3 X DAY FOR 7-10 DAYS WITH SYRINGE. MUST BE APPROVED BY NURSING BEFORE STARTING.
BENADRYL SPRAY		EVERY 6 HOURS AS NEEDED, FOR RASH/ITCHINESS. APPLY TO AFFECTED AREA

Provider: _____

Date: _____

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