

Ogle County Reporting Center
3279 Hwy 251
Rochelle, IL 61068

Non-Prescription Medication Form

Date (Valid for one year): _____

Youth's
Name: _____ DOB: _____

Known
Allergies: _____

Please allow the above listed youth to take the following over-the-counter medication during reporting hours as ordered below:

_____ Acetaminophen 500mg, 1-2 tab every six hours as needed for headache without history of head injury. (Not to exceed 4000mg/24 hours.)

_____ Ibuprofen 200mg, 1-2 tabs every four-six hours as needed for headache without head injury, muscle pain, or menstrual cramps.

_____ Cough drops as needed for sore throat and/or cough.

_____ Tums as needed for upset stomach.

_____ Other _____

Parent Signature _____ Physician Signature _____

Date: _____ Date: _____

I allow Focus House Nurse and/or authorized staff to administer basic first aid and perform assessments i.e. temperature taking.

Parent
Signature: _____ Date: _____