

Client Name: _____ Date of Birth: _____

Foster Parent or authorized adult will dispense all medications.

Always follow the dosage directions on the medication box as dosage varies with age and weight.

Be careful not to give more tablets in a 24-hr. period than is recommended on the box.

Poisoning: Call Poison Control 1-800-222-1222

Special Precautions:

General

- ◆ **Consult physician before administering any herbal remedies to children taking psychotropic medications.**
- ◆ Do not give **Psychotropic** medications with **grapefruit juice**
- ◆ **MAO Inhibitors** are rarely used at this time, but if a youth is on one, do not use any OTC medications without medical advice first.
- ◆ If symptoms persist for more that 24 hours, notify MD.

Specifics

- ◆ **Children under 12 years of age are dosed according to weight.**
- ◆ **No aspirin** for children under **16 years of age.**
- ◆ Do not use **Sudafed or other decongestants** for foster children/youth on **Stimulants for ADHD & ADD.**
- ◆ Do not use **Sudafed or other decongestants** for foster children/youth on **Effexor or Tricyclic Medications.**
- ◆ Do not use **Ibuprofen** (Advil & Motrin) for foster children/youth on **Lithium.**

OTC Medications

Fever: Children's Tylenol (Acetaminophen). Dosed according to age and weight.

Headaches: Children's Tylenol (Acetaminophen). Dosed according to age and weight.

Nasal Congestion: Children's Sudafed. Dosed according to age and weight.

Diarrhea: Immodium. Dosed according to age.

Cough: Children's Robitussin. Dosed according to age and weight.

Allergies: Antihistamines such as Claritin or Benadryl. Dosed according to age and weight.

Head Lice: Notify Physician.

Minor cuts and scrapes: Wash with soap and water. Apply antibiotic ointment 3 or 4 times daily. Antibiotic ointments such as Bacitracin or Neosporin.

Sunburn: Aloe Vera Gel.

Skin rash, insect bites, itchy skin: Calamine lotion or Aveeno Cream.

Sore Throat: Tylenol (Acetaminophen).

Vitamins: Children's strength multi-vitamins.

Consult a doctor and/or pharmacist for any questions or concerns regarding medication usage.

Physician's signature

Date

Print Physician's Name