CHESAPEAKE BAY ACADEMY

Physician's Request for Administration of Over-the-Counter (OTC) Medications
Summer 2025

Whenever possible, it is desirable for medications to be scheduled at times other than school hours for the safety of the student. Administration of medication during school hours is discouraged. However, individual needs will be taken into consideration. **Our regulations include:**

1. Written orders from a physician using this form detailing the specific duration of the order, name of the drug, dosage, frequency of medication, and diagnosis. **A physician's signature is required on ALL medication orders for Chesapeake Bay Academy**.
2. Using this form, signature of parent or guardian requesting that Chesapeake Bay Academy comply with the physician's order.
3. OTC medications, other than those stocked by CBA (marked below *****), must be delivered to the School Nurse by the parent or guardian in their original, unopened and sealed containers.
4. Exact duration for administration of medication must be stated. Date of termination for the medication must be specified. When duration is not specified, medication will be administered for one month (30 calendar days from date of order).

Name of Student _____ **Date of Order** _____

Allergies: _____

Specific Duration of Order: School Year (Aug-Jun): _____ **Other:** _____

Acetaminophen* Dosage: 80 mg 160 mg 325 mg _____ tab(s) Every: 4 6 hours PRN

Diagnosis: fever pain other: _____

Ibuprofen* Dosage: 200 mg _____ tab(s) Every: 4 6 hours PRN

Diagnosis: fever pain other: _____

Calcium Carbonate* Dosage**:** 500mg _____ tab(s) Every: 2 4 6 hours PRN Diagnosis: acid indigestion upset stomach

Other OTC Medication _____

Dosage _____Frequency of administration _____

Diagnosis _____

X _____ **MD/Dentist's Name (Printed) or Stamp** REQUIRED

X _____

MD/Dentist Signature REQUIRED   **Date**   **Phone**

_____

Parent/Guardian Signature   **Date**   **Phone**