



***Millinocket School Department
Nursing Services***

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Student: _____ **Date of Birth:** _____

Please indicate which over-the-counter medications may be administered to your student during the school day if needed:

- _____ Cough Drops (2-3 times per day for cough or uncomplicated sore throat)
- _____ Acetaminophen 325 mg tablets, based on weight, every 4 hours as needed for pain / fever
- _____ Ibuprofen 200 mg tablets, based on weight, every 4 hours as needed for pain / fever
- _____ Calcium Carbonate (Tums) 750 mg, 2-4 tablets as needed for minor GI distress
- _____ Diphenhydramine 12.5 - 50 mg, based on weight, for mild allergic reactions
- _____ Epinephrine 0.3 mg IM for students **over** 66 pounds (per emergency protocol)
- _____ Epinephrine 0.15 mg IM for students **under** 66 pounds (per emergency protocol)

Parent Signature: _____ **Date:** _____