

# NON-PRESCRIPTION MEDICATION FORM

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Since Tylenol pediatric products and PediaCare Oral Decongestant products are available without a prescription, parents are warned on the package label to consult a physician for use by children under 2 years of age or for use longer than 5 days. (PediaCare Cough and Cold Syrup warning is for children age 6 years and under. Please do not confuse this with Oral Decongestant.) **TO AVOID ACCIDENTAL OVERDOSE, THESE MEDICATIONS, OR THEIR EQUIVALENT, WILL ONLY BE GIVEN WITH YOUR PHYSICIAN'S RECOMMENDED DOSAGE AND CONSENT.** Only the dosage recommended below will be given to your child.

This form must be updated every 6 months along with your child's physical.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PEDIATRIC  
TYLENOL

PEDIACARE ORAL  
DECONGESTANT DROPS

0-3mo. / 6-11 lbs.

\_\_\_\_\_

\_\_\_\_\_

4-11mo. / 12-17 lbs.

\_\_\_\_\_

\_\_\_\_\_

12-23mo. / 18-23 lbs.

\_\_\_\_\_

\_\_\_\_\_

(IF EQUIVALENT, PLEASE STATE NAME AND DOSAGE OF MEDICATION)

TYLENOL EQUIVALENT

\_\_\_\_\_

PEDIACARE EQUIVALENT

\_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_