



Common Over-the-Counter Medications

State regulations require foster parents to obtain physician approval before administering any over the counter (OTC) medications to children in care. This form helps guide discussions with the child's Primary Care Provider (PCP) and ensures safe medication use.

Child Name: _____

Date of Birth: _____

Allergies: _____

Physician: _____

Date of Approval: _____

Weight: _____

Indication	Medication	Dosage	Approved for Use	Additional Notes
	Vitamin(s)		☐ Approved	
Pain or Fever	Acetaminophen (Children's Tylenol)	☐ Age/Weight Dosing ☐ Other _____	☐ Approved	
	Ibuprofen (Motrin, Advil)	☐ Age/Weight Dosing ☐ Other _____	☐ Approved	
	Midol (acetaminophen, caffeine, and pyrilamine maleate)		☐ Approved	
Sleep Aids	Melatonin Magnesium		☐ Approved	

Cold Medications	Pseudoephedrine (Children's Sudafed)	☐ Age/Weight Dosing ☐ Other _____	☐ Approved	
	Saline Nasal Spray		☐ Approved	
	Robitussin	☐ Age/Weight Dosing ☐ Other _____	☐ Approved	
	Other Cold Medications:	☐ Age/Weight Dosing ☐ Other _____	☐ Approved	
Allergies	Loratadine (Claritin)	☐ Age/Weight Dosing ☐ Other _____	☐ Approved	
	Cetirizine Hydrochloride (Zyrtec)	☐ Age/Weight Dosing ☐ Other _____	☐ Approved	
	Diphenhydramine (Benadryl)	☐ Age/Weight Dosing ☐ Other _____	☐ Approved	
Gastrointestinal	Loperamide (Imodium)	☐ Age/Weight Dosing ☐ Other _____	☐ Approved	
	Dimenhydrinate (Dramamine)		☐ Approved	
	Antacid		☐ Approved	

[illegible]