



Foster Family Agency
 "Our Children...
 Our Communities...
 Our Legacy..."

PRN FORM /PHYSICIANS ORDERS FOR OVER THE COUNTER MEDICATIONS

Child's Name: _____ D.O.B.: _____ Date of Visit: _____

(PRN medications are defined as "over the counter" medications that are given on an "as needed" basis. PRNs can only be given once a Medical Doctor has seen the foster child and signed off on this form. Per General Licensing regulations 80075(b)(7), if a PRN medication is given on a regular or daily basis it is required that a doctor sign a prescription blank to include the following information; the name(s) of the medication(s), the specific symptoms which indicate the need for the use of the medication; the exact dosage, the minimum number of hours between doses and the maximum number of doses allowed in each 24 hour period. In cases where herbs and natural formulations are administered as mood stabilizers or sleep aids, a court order will be required prior to being administered to a foster child, even if your child's doctor has already approved it on the PRN form. In order to avoid any problems related to this issue, please inform your agency social worker if any foster child in your care would like to start taking any additional PRN medication on a regular basis).

for permission to administer to patient upon communication of identified symptoms and request for PRN and medication.

	Medications	Indications (Dosage, Signs, & Symptoms)
<input type="checkbox"/>	Generic Substitute	MAY BE UTILIZED.
<input type="checkbox"/>	Tylenol (Caps/Tabs) or (Liquid)	Signs & Symptoms: For pain or fever Dosage: Give as directed on package label or prescription blank.
<input type="checkbox"/>	Ibuprofen	Signs & Symptoms: For musculoskeletal pain or fever. Dosage: Give as directed on package label or prescription blank.
<input type="checkbox"/>	Midol/Pamprin (Caps/Tabs)	Signs & Symptoms: For menstrual cramping. Dosage: Give as directed on package label or prescription blank.
<input type="checkbox"/>	Actifed/Sudafed/Suphedrine (Tabs)	Signs & Symptoms: For nasal/sinus congestion. Dosage: Give as directed on package label or prescription blank.
<input type="checkbox"/>	Benadryl (Caps/Tabs) or (Liquid)	Signs & Symptoms: For allergy symptoms. Dosage: Give as directed on package label or prescription blank.
<input type="checkbox"/>	Tums/Roloids (Chewable)	Signs & Symptoms: For gastric acid. Dosage: Give as directed on package label or prescription blank.
<input type="checkbox"/>	Maalox/Mylanta (Suspension)	Signs & Symptoms: For gastric acidity or heartburn. Dosage: Give as directed on package label or prescription blank.
<input type="checkbox"/>	Imodium Anti Diarrheal (Liquid)	Signs & Symptoms: For diarrhea & loose stools. Dosage: Give as directed on package label or prescription blank.
<input type="checkbox"/>	Ipecac	Signs & Symptoms: To induce vomiting in the event of poison ingestion, after consultation with Ask A-Nurse. Dosage: Give as directed on package label or prescription blank.
<input type="checkbox"/>	Milk of Magnesia	Signs & Symptoms: For constipation. Dosage: Give as directed on package label or prescription blank.
<input type="checkbox"/>	Cough Drops Throat Lozenges	Signs & Symptoms: For minor throat irritation or cough. Dosage: Give as directed on package label or prescription blank.
<input type="checkbox"/>	Throat Spray (Alcohol Free)	Signs & Symptoms: For minor throat irritation. Dosage: Give as directed on package label or prescription blank.
<input type="checkbox"/>	Epson Salt	Signs & Symptoms: Minor sprains, sores, or skin inflammation. Dosage: Give as directed on package label or prescription blank.
<input type="checkbox"/>	Antifungal Cream 1% (Topical)	Signs & Symptoms: For itching, burning, scaling, & discomfort of athlete's foot, jock-itch, or wring-worm. Dosage: Give as directed on package label or prescription blank.

Ready for Life
 Foster Family Agency
 962 Maraglia Street
 Redding, CA 96002
 PO Box 991393
 Redding CA, 96099-1393

T (530) 222-1826
 F (530) 225-8780
 Facility Lic 455 002 824
 www.readyforlife.net



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[]	Generic Substitute	MAY BE UTILIZED.
[]	Antifungal Powder (Topical)	Signs & Symptoms: For itching, burning, scaling, & discomfort of athlete's foot, jock-itch, or wring-worm. Dosage: Give as directed on package label or prescription blank.
[]	Vicks Vapor Rub/ Mentholatum	Signs & Symptoms: Nasal congestion, cough, & minor muscle ache. Dosage: Give as directed on package label or prescription blank.
[]	Dramamine (Tabs)	Signs & Symptoms: For prevention & treatment of nausea/dizziness associated with motion. Dosage: Give as directed on package label or prescription blank.
[]	Nix Lice Treatment (Topical)	Signs & Symptoms: Head lice. Dosage: Give as directed on package label or prescription blank.
[]	Vitamin C (Tabs)	Signs & Symptoms: For dietary supplement. Dosage: Give as directed on package label or prescription blank.
[]	Multi Vitamins with or without Iron	Signs & Symptoms: For dietary supplement. Dosage: Give as directed on package label or prescription blank.
[]	Neosporin Ointment or Triple Antibiotic (Topical)	Signs & Symptoms: For treatment for minor cuts, scrapes, & burns. Dosage: Give as directed on package label or prescription blank.
[]	1% Hydrocortisone Cream (Topical)	Signs & Symptoms: For itching. Dosage: Give as directed on package label or prescription blank.
[]	Calamine (Topical) Caladryl Lotion	Signs & Symptoms: For itching related to poison oak/ivy or sumac. Dosage: Give as directed on package label or prescription blank.
[]	Hydrogen Peroxide (Topical)	Signs & Symptoms: For cleaning of minor cuts & abrasions. Dosage: Give as directed on package label or prescription blank.
[]	Bactine/Solarcaine (Topical)	Signs & Symptoms: For pain, discomfort, or itching related to abrasions, sunburn, dermatitis, or psoriasis. Dosage: Give as directed on package label or prescription blank.
[]	Sun Screen (Topical)	Signs & Symptoms: For sun sensitivity & to prevent burns due to sun exposure. Dosage: Give as directed on package label or prescription blank.
[]	Swimmers Ear (Drops)	Signs & Symptoms: For discomfort of water clogged ears. Do not use if ear drainage, discharge, or pain are present - see physician. Dosage: Give as directed on package label or prescription blank.
[]	Insect Repellent Buzz Away (with Citronella)	Signs & Symptoms: For potential exposure to insects. Dosage: Give as directed on package label or prescription blank.
[]	Insect Repellent Skintastic (with Deet 6.65%)	Signs & Symptoms: For potential exposure to insects. Dosage: Give as directed on package label or prescription blank.
[]	Feminine Hygiene Treatments (ie. yeast infection creams)	Signs & Symptoms: For itching, infection, pain related to feminine hygiene. Dosage: Give as directed on package label or prescription blank.
[]	Other: (Include any herbs/ homeopathic).	Signs & Symptoms: Dosage: Give as directed on package label or prescription blank.

I hereby give my consent for *Ready for Life Foster Family Agency* to provide treatment for the listed signs and symptoms identified with the medication above at the frequency and amount specified. By signing this form, I am authorizing medication as necessary for the client whose name appears at the top of this form.

Physician Signature: _____ Date/Time: _____