

**ALLIANCE FOR BEHAVIORAL
and
DEVELOPMENTAL DISABILITIES**
Suite 108
295 North Kerrwood Drive
Hermitage, Pa. 16148
(724) 346-2233 Fax (724) 981-3878

OVER THE COUNTER MEDICATION

Clients Name: _____ Date: _____

Physician: _____

The above individual is permitted to take the following medications
(generics are permitted)

X	<u>Classification</u>	<u>Medication Permitted</u>
_____	Pain Reliever	Advil, Midol, Motrin, Tylenol
_____	Antihistamine	Benadryl/Diphenhydramine
_____	Cough Syrup	Robitussin (no letters) plain
_____	Nasal Spray	Saline Nasal Spray
_____	Ear Drops	Debrox
_____	Eye Drops	Visine
_____	Antacid	Maalox, Mylanta, Roloids or Tums
_____	Athletes Foot	Tinactin

COMMENTS: _____

Physician's Signature