



Kids R First

Child Placing Agency
— Kansas —

PRN Consent

Foster Child Name: _____

Date of Birth: _____

Foster Parent(s) Name: _____

Primary Care Physician: _____

Please note any medications that may be administered as needed (PRN) for this child:

Pain/Fever Relief

- Acetaminophen (*Tylenol*)
- Ibuprofen (*Advil, Motrin*)
- Aspirin

Cold/Cough

- Dextromethorphan (Delsym, Robitussin)
- Guaifenesin (Mucinex)

Allergy Relief

- Diphenhydramine (*Benadryl*)
- Loratadine (*Claritin*)
- Cetirizine (*Zyrtec*)

Digestive Issues

- Loperamide (Imodium)
- Simethicone (Gas-X)
- Calcium Carbonate (Tums)
- Pepto-Bismol

Skin Care

- Hydrocortisone Cream (1%)
- Triple Antibiotic Ointment
- Orajel

Other:

- _____
- _____
- _____

Physician Signature: _____

Date: _____