

NON PRESCRIPTION MEDICINE

Ailment	Drug	Recommended dose	Indications	Contradictions
Coughs Colds Sore throats	Chesty cough and congestion relief	Children 6-12 years – 2-4 x5ml dose (maximum 3 doses per 24 hours)	Chesty cough, blocked nose, sinuses	Children under 6 years, do not take for more than 5 days
	Buttercup syrup	Children 2-12years - 1x5ml dose (max 3doses per 24hour) Children 12+years - 2x5ml dose (max 3 doses per 24hour)	Coughs, colds, sore throats	Hypersensitivity to ingredients
	Strepsils	1 lozenge when needed (no more than 12 lozenges per 24 hours)	Sore throats	Allergy to ingredients, intolerance to some sugars, allergic reactions including Asthma
Headaches Pain Temperatures	Paracetamol 500mg	Children 6-12 years - ½ - 1 tablet every 4-6 hours (maximum 4 tablets per 24 hours) Children 12+ years - 1-2 tablets every 4-6 hours (maximum 8 tablets per 24 hours)	Mild to moderate pain including headache, toothache, period pain, rheumatic and temperature. If problems persist consult a doctor	Children under 12 years old. Do not take with any other paracetamol-containing products, or if you suffer from liver or kidney problems
	Calpol SixPlus	Children 6-8 years - 1x5ml dose every 4 hours Children 8-10 years - 1x7.5ml dose every 4 hours	Pain and fever	Children under 6 years old. Do not take with other Paracetamol-containing products
	Paracetamol Suspension	Children 10-12 years - 2x5ml dose every 4 hours Children 12-16 years - 1x5ml dose every 4 hours (maximum 4 doses per 24 hours)		
	Ibuprofen 200mg	Children 12+ years - 1-2 tablets every 4 hours (maximum 6 tablets per 24 hours)	Rheumatic and muscular pain, backache, headache, dental pain, period pain, fever, cold and flu symptoms	Children under 12 years. Asthma, allergies, diabetes, high cholesterol, high blood pressure, stroke, heart, liver, kidney, stomach or bowel problems
	Nurofen 3 months - 9 years Oral suspension	Children 4-7 years - 1x7.5ml dose every 4-8 hours Children 7+ years - 1x10ml dose every 4-8 hours (maximum 3 doses per 24 hours)	Fever and pain	Stomach ulcer, allergy to ingredients, taking NSAID painkillers, daily aspirin, fructose intolerance
	Ibuleve Max strength gel	A thin layer of gel over the affected area, massage until absorbed every 4 hours (maximum 3 times per 24 hours)	Muscular backache, rheumatic and muscular pain, swelling, sprains	Allergy to ingredients, aspirin or ibuprofen. Asthma, peptic ulcer, kidney problems, broken skin



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Travel Sickness	Travel calm	Children 3-6 years - ¼ tablet every 6-8 hours Children 7-11 years - ½ tablet every 6-8 hours Children 12+ years - 1 tablet every 6-8 hours (maximum 3 tablets per 24 hours)	Travel sickness	May cause drowsiness. If affected do not drive or operate machinery
Allergies Itching Rashes	Piriton allergy tablets	Children 6-12 years - ½ tablet every 4-6 hours Children 12+ years - 1 tablet every 4-6 hours (maximum 3 tablets per 24 hours)	Skin, pet and food allergies, hayfever, house dust mite and mould spore allergies, insect bites	Children under 6 years. May cause drowsiness, if affected do not drive or operate machinery
	Bite and sting relief cream	A very small amount on the affected area 2 or 3 times per 24 hours (for a maximum of 3 days)	Pain, itching and swelling caused by insect bites, stings and nettle rash	Allergy to ingredients, or other antihistamines. Eczema, or other skin conditions. Broken skin
Grazes Cuts	Savlon Antiseptic cream	Apply to the affected area	Cuts, grazes and minor skin problems	Allergy to ingredients. May cause local skin reactions or allergic reactions
Bruises	Arnicare	Apply gently to bruised areas	Bruises	Broken skin, stop if rash appears
Verruca	Seal and heal Verruca removal cream	Children 12+ years - Apply 2 times a day onto the verruca, allow to dry, repeat until removed	Verruca, warts, corns and calluses	Children under 12 years. Diabetes, inflamed or broken skin
Cold sore	Cymex cream	Apply sparingly every hour as needed	Cold sores, dry cracked lips	Allergy to ingredients, skin reactions such as inflammation and redness

The above are the medications held in a locked medicine cabinet in Matrons' room and will be used appropriately.

I agree to my child receiving first aid, appropriate non-prescriptive medication and to seek medical, dental or optical treatment when required.

Child's name:

Parent's signature:

Date:
