

  
 Rio Blanco County  
 Department of  
**SOCIAL SERVICES**

345 Market Street  
 Meeker, CO 81641  
 970-878-9640  
 970-878-4893 Fax

209 E. Main Street  
 Rangely, CO 81648  
 970-878-9640  
 970-675-2233 Fax

DIRECTOR, BONNIE RUCKMAN

**Dear Health Care Provider:**

Foster parents are required by State regulations to have a physician's approval to administer over the counter medications to the foster children in their care. The following list is intended to cover the most common over the counter medications. Please indicate which of the following may be administered to the child by checking them off and/or filling in which particular medication is appropriate. Please indicate if the dosage is different from the dose recommended on the packaging. Thank you very much for your help in protecting the health and safety of this foster child.

- |  |   |
|--|---|
| <input type="checkbox"/> Ibuprofen _____<br><input type="checkbox"/> Acetaminophen _____<br><input type="checkbox"/> Allergen _____<br><input type="checkbox"/> Upset Stomach Remedies _____<br><input type="checkbox"/> Antibiotic Cream _____<br><input type="checkbox"/> Herbal Supplements _____<br><input type="checkbox"/> Children's Aspirin _____<br><input type="checkbox"/> Eye Drops _____<br><input type="checkbox"/> Nasal Spray _____<br><input type="checkbox"/> Hydrogen Peroxide _____<br><input type="checkbox"/> Acne Cream/Lotion _____<br><input type="checkbox"/> Cold Sore Medication _____<br><input type="checkbox"/> Rubbing Alcohol _____<br><input type="checkbox"/> Lice Shampoo _____<br><input type="checkbox"/> Cold Medicines _____<br><input type="checkbox"/> Cough Syrup _____ | <input type="checkbox"/> Sunscreen _____<br><input type="checkbox"/> Diaper Rash Ointment _____<br><input type="checkbox"/> Vitamins _____<br><input type="checkbox"/> Lip Balm _____<br><input type="checkbox"/> Midol _____<br><input type="checkbox"/> Flu Remedies _____<br><input type="checkbox"/> Calamine Lotion _____<br><input type="checkbox"/> Athlete's Foot Remedies _____<br><input type="checkbox"/> Motion Sickness Pill _____<br><input type="checkbox"/> Teething Cream _____<br><input type="checkbox"/> Other (Please List) _____<br>_____<br>_____<br>_____ |
|--|---|

\_\_\_\_\_  
 Signature of Health Care Provider

\_\_\_\_\_  
 Date

If there are any questions regarding this, you can contact Rio Blanco County Foster Care Coordinator, RaeAnne Durham, at 878-9613.