Ouachita Baptist University
Health Services
Self -Treatment

Name: _____ Date _____ ID#_____
Student _____ Faculty/Staff _____ Other _____
Reason for visit: _____
List any medication allergies: _____

IMPORTANT: If pregnant, breastfeeding, or possibility of pregnancy, self-treatment is NOT an option. Consult Nurse or Health Care Provider.

Headache:
- Acetaminophen 325 mg
- Ibuprofen 200mg
- Naproxen 220mg
- Headache Relief (Acetaminophen, Aspirin, and caffeine)

Menstrual Cramps:
- Acetaminophen 325 mg
- Ibuprofen 200mg
- Naproxen 220mg
- Midol

Cold Symptoms:
- Cough drops
- Decongestant
- Decongestant/expectorant/Acetaminophen
- Decongestant/suppressant/expectorant/Acetaminophen

Allergies:
- Cetirizine 10mg
- Loratadine 10mg

GI
- Antacid
- Bismuth tabs

First Aid
- Band-Aid
- Antibiotic ointment

I agree that I do not have any allergies to the requested medication nor do I know for any reason I should not take the OTC medications and I will take them as directed on the package. I will seek medical attention if my symptoms do not resolve. Office personnel may opt not to give medication and refer to nurse or other Healthcare provider.

_____ _____
Signature Date

- Medication Given
- Referred to campus nurse or Healthcare provider

_____ _____
Office Personnel Signature Date