

SCHOOL HEALTH SERVICES  
STANDING ORDERS

I hereby authorize the School Nurse to administer the following medications/treatments per label directions for \_\_\_\_\_

Student's Name (Please print clearly.)

Grade

**Acetaminophen** (Tylenol) as needed to students complaining of headaches, fever, or pain.

**Ibuprofen**, as needed, for pain or menstrual cramping.

**Antacids** in the form of tablets, as needed, to students complaining of heartburn/indigestion.

**Throat lozenges**, one-two lozenges, as needed, for sore throat or cough.

**Bacitracin** ointment for minor wounds, as needed.

**Hydrocortisone Cream 1%** for minor skin irritations and rashes, e.g. poison ivy, oak, sumac.

**Anbesol, Orabase, or Oragel**, oral ointment/gel to gums for mouth irritation.

**Calamine/Caladryl** lotion to temporarily relieve itching from insect bites, poison ivy, oak, sumac.

**Supervise** blood glucose testing of students with diabetes, as needed.

**Epi-pen** in the case of an emergency allergic reaction to ANY student need.

**Non-Drowsy Nasal Decongestant**, as needed, to students complaining of allergy or cold symptoms.

\_\_\_\_\_  
Physician's Signature

**PARENT/GUARDIAN**

My son/daughter has the following food or drug allergies: \_\_\_\_\_.

\_\_\_\_ Yes \_\_\_\_ No I consent to have the School Nurse administer the medication prescribed by the above licensed prescriber.

\_\_\_\_ Yes \_\_\_\_ No I give permission for my son/daughter to self-administer medication, if the School Nurse determines it is safe and appropriate.

\_\_\_\_ Yes \_\_\_\_ No I give permission to the School Nurse to share information relevant to the prescribed medication as he/she determines appropriate.

I have read the following requirements for medication administration by the School Nurse:

Medication must be in the original prescription bottle and properly labeled.

Students under the age of 18 are not allowed to carry/transport any medication including Tylenol to and from school.

Parent/Guardian must bring in the medication and pick it up at the end of the school year.

State law mandates any medication not picked up must be destroyed.

**Medication orders are in effect for the present school year/summer school program only.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_