

My child may receive the following medications as needed during the school day:
(Check all that are allowable)

____ Tylenol (Acetaminophen) -Every 4 hours as needed for severe headache, toothache, earache or menstrual cramps.

- Liquid dosage according to age/weight for 11 years old and under
- Dosage 1-2 tablets (325 mg each) 12 years or older

____ Advil/Motrin (Ibuprofen) - Every 4 hrs as needed for severe headache, toothache, earache, menstrual cramps or orthopedic injury.

- Liquid dosage according to age/weight for children 3- 11 years old.
- 1-2 tablets of 200mg ibuprofen for students 12 years or older

____ Benadryl (Diphenhydramine) liquid -dose according to age and weight, every 6 hours as needed for allergic reactions.

____ TUMs/GasX: 1 or 2 tablets every 4 hours as needed for indigestion, upset stomach, nausea or bloating.

____ Mylanta (liquid antacid) 12 years or older 2-4 teaspoons every 4 hours for heartburn, sour stomach, acid indigestion and symptoms of gas

____ Cough drops 1 drop: every 2 hours as needed for cough, irritation, pain, sore mouth or sore throat for children over 6 years old

____ Neosporin/ Antibiotic ointment/Burn cream as needed to superficial wounds/abrasions to prevent infection.

____ Hydrocortisone cream or Benadryl (Diphenhydramine) cream to affected area every 2 hours as needed for bug bites or itching related to minor skin irritations.

____ Artificial tears/ Lubricating eye drops 1-2 drops per eye for redness or itching related to allergies or dryness

____ Orajel (oral pain relief) every 4 hours for sore mouth, toothache, and irritation from orthodontic appliances.

____ Lip Balm/ Vaseline/ other skin protectants- Examples- Aquaphor, Chapstick, Barrier creams

On some or part of days, the school nurse may not be in your child's school building so medication cannot be given under these standing orders.

I understand that if my child uses any of the above listed items on a regular basis (once a week or more, for example), I will be asked to supply the medication from home. Additionally, I understand that my child will only be able to receive these medications subject to the availability of the school nurse.

I understand that First Aid and nursing care for illness and accidents will be provided.

Signature: _____ Date: _____

Please list any known allergies _____

