

Parents/Guardians:

Nancy Maulick PA-C, has signed standing orders which will allow students to receive over-the-counter medications (brand or generic) up to three (3) times per month and the school nurse to provide the following treatments. This means that the school nurse may administer any of the following medications or provide the following treatments that are stocked in the Health Room at XXX School that you feel are appropriate to be given or used during school hours. **The only way that the nurse will administer medication or provide treatment from the list provided is after a thorough assessment of the child's condition and with parental permission given on this form. Please look over the list and circle YES or NO behind each medication or treatment** that you feel is safe and appropriate for your child to receive at school.

I give permission for the school nurse to administer the following medications:

Acetaminophen (ex: Tylenol) - Yes / No
Ibuprofen (ex: Motrin)- Yes/ No

Anti-acid (ex: Tums, Pepto) - Yes / No
Anti-histamine (ex: Benadryl) - Yes / No

I give permission for the school nurse to treat my child with the following:

Burn Cream- Yes/ No
Cough Drops - Yes / No
Neosporin - Yes / No
Anti-Itch Spray- Yes/ No
Lip Balm – Yes/ No

Bactine - Yes / No
Hydrocortisone 1% Cream - Yes / No
Anbesol- Yes / No
Bee Sting Relief- Yes/ No

Known medical condition _____

Known allergies _____

Child's name _____

Grade/Teacher _____

concerning my child's health with appropriate SCHOOL personnel in order to ensure the student's optimal care.

Parent/Guardian Signature _____

Print Name _____

Date _____