

Dear Parents,

For your convenience, we have standing orders that include medications such as Tylenol, Advil, Mylanta, and various cold remedies. I am permitted to give your child any of the listed medications you choose as needed during the school year. Please check any/all the medications you wish to have your child receive, if necessary, in school. Before administering any medication, I would contact you at that time to be sure this is what you would like done. The dosage for the medication would be according to the manufacturer's recommendations. If you do not wish your child to receive any medication, please check off that option. However, if the time comes when your child would need some medication for pain or fever and you were not able to pick him/her up, I would not be permitted to administer such medication. I need written permission on file in order to legally administer any medication. **This form can only be used to give permission to administer the listed medications.** If your child needs to take an inhaler, Benadryl for severe allergic reactions, Epi-pen or any other medication not listed, you need to obtain a doctor's order from your own physician. The form must be signed and dated to be valid. If you have any questions, please contact me. I hope this makes things a little easier for all of us this year.

Sincerely,

Joan Iseman

School Nurse

_____ **NO, I DO NOT WISH THE NURSE TO GIVE MY CHILD ANY MEDICATION**

I give permission for the school nurse to administer the following medication(s) to my child, as needed during the school year.

___ **Acetaminophen (Tylenol)** - includes Children's, Junior, and Adult (dosage based on manufacturer's recommendations)

___ **Ibuprofen (Advil/Motrin)** - dosage according to manufacturer's recommendations

___ **Mylanta** - " " " "

___ **Benadryl** - " " " "

___ **Over-the-counter Cough and Cold remedies as provided by parent/guardian**

___ **Cough drops and throat lozenges**

Please Print:

Child's
Name _____ Grade/Teacher _____

Parent/Guardian Signature _____
Date _____

I understand that this signature gives the nurse permission to administer the designated medications to my child, as needed, during this school year only.