

**Fell Charter School
School Health Services
PERMISSION FORM FOR ADMINISTERING STANDING ORDER MEDICATIONS**

The school physician has approved that the following nonprescription medications to be stocked in the nurse's office and administered to Fell Charter students by the nurse or approved designee, under certain circumstances, if not allergic and with written parental permission. Dosages will be administered according to manufacturer's package instructions. **Review and cross out any medications that you DO NOT want given to your child while during school hours.**

If a student needs routine medications (prescription or over-the-counter), other arrangements must be made.

Non-Prescription Medications:

- Acetaminophen (Tylenol) for minor headache (not related to head injury), minor pain or fever over 100 degrees until other arrangements can be made
- Ibuprofen (Motrin/Advil) for minor headache (not related to head injury), minor pain or fever over 100 degrees until other arrangements can be made.
- Cough drops/lozenges (generic) for minor cough and sore throat (given at the nurse's discretion)
- Antacid (TUMS) for minor stomach discomfort

**It is important to inform the nurse if a medication such as Acetaminophen or Ibuprofen was given to your child the morning before coming to school. When possible, you will be notified prior to administering these medications at school. You will be notified when one of these medications is given to your child.*

Topical Non-Prescription Medications:

- Calamine Lotion (generic) for minor rashes, bites
- Petroleum Jelly/Petrolatum for blisters, chapped lips
- Sterile Eye Wash for minor eye irritation
- Antibiotic Ointment for minor abrasions/cuts
- Visine for minor eye irritation/allergies
- Anbesol for minor tooth/gum irritation
- Witch Hazel for minor skin irritations from insect bites, minor cuts/scrapes
- Sunscreen for prevention of sunburn
- Aloe Vera Gel for minor sunburn

Emergency Medications:

- EPI-Pen and EPI-Pen Jr. will be kept on hand for severe allergic reactions and/or anaphylaxis. It will be administered per protocol. 911 will be called and parent will be notified immediately.

Student Name _____ DOB _____

Allergies _____

AGE _____ Grade _____ Parent/Guardian Phone _____

I give permission for the school nurse or approved designee to give the above-named non-prescription medications to my child for the conditions indicated (except for any I have crossed out) for the 2022-23 school year.

Parent/Guardian Signature _____ Date _____

Printed Parent/Guardian
Name _____

Reviewed by School
Nurse _____ Date _____