

PENN-TRAFFORD SCHOOL DISTRICT  
STANDING ORDERS FOR OVER THE COUNTER MEDICATION ADMINISTRATION

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ Other medications \_\_\_\_\_

In accordance with the laws governing public school systems, the Commonwealth of Pennsylvania **requires all medication** given in schools to have both a physician order and parental/guardian consent. Our school physician has provided standing orders for students in the Penn-Trafford School District for a limited number of over the counter medications. This means that once we have your consent and signature and you have sent in the medication, the medications circled below may be given. (Note: Administration of **any** other medication requires the parent and physician to complete and submit to the nurse, the "Medication Administration Form").

Please indicate your choice for each medication and sign the form below.

**A. Parental/Guardian Consent:**

I give permission for my child, \_\_\_\_\_ to receive the following medication ordered below by the school physician during the school day. I understand the medication will be given by the certified school nurse or the designated registered nurse according to the child's age/body weight and standards for administration.

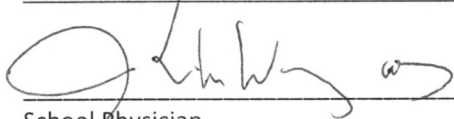
|                            |                       |     |    |
|----------------------------|-----------------------|-----|----|
| Ibuprofen (Advil/Motrin)   | Not to exceed 400mg:  | yes | no |
| Acetaminophen (Tylenol)    | Not to exceed 650mg:  | yes | no |
| Diphenhydramine (Benadryl) | Not to exceed 50mg:   | yes | no |
| TUMS                       | Not to exceed 2 tabs: | yes | no |

NOTE: This form must be resubmitted each school year.

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

Parent/Guardian Printed Name: \_\_\_\_\_ Phone \_\_\_\_\_

**B. Licensed Prescriber Medication Order**

  
\_\_\_\_\_  
School Physician

2/21/17  
\_\_\_\_\_  
Date

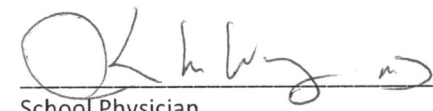
PENN-TRAFFORD SCHOOL DISTRICT  
STANDING ORDERS FOR OVER THE COUNTER MEDICATION ADMINISTRATION  
FOR FIRST AID AND WOUND CARE

The School Nurses of the Penn-Trafford School District, or the designated Registered Nurse, may administer the following over the counter medications to students for first aid and wound care. These over the counter medications will be administered at the discretion of the Certified School Nurse, or the designated Registered Nurse, based on the presenting signs and symptoms of the student:

If there are medication listed below that you **DO NOT WANT YOUR CHILD TO RECEIVE**, please circle the item.

- |   |                                      |
|---|--------------------------------------|
| Activated charcoal (at direction of Poison Control) | Glucose tabs                         |
| A & D Ointment                                      | Hydrocortisone Cream                 |
| Aloe Vera   | Hydrogen peroxide                    |
| Anbesol   | Lip balm                             |
| Antibacterial soap                                  | Lotramin                             |
| Antibiotic cream                                    | Mouth wash                           |
| Bactine   | Oil of cloves                        |
| Blistex   | Orajel                               |
| Burn jel; cream; spray                              | ProHealth Mouth rinse                |
| Caladryl  | Rubbing alcohol (not for wound care) |
| Cepacol   | Salt water mouth rinse/gargle        |
| Chloraseptic spray                                  | Second Skin                          |
| Contact Solution                                    | Sting Kill                           |
| Eye wash  | Vaseline                             |
|   | Visine eye drops                     |

Note: The Certified School Nurse or the designated Registered Nurse, may make substitutions as needed for basic over the counter treatment of wounds and for first Aid.

  
\_\_\_\_\_  
School Physician

2/21/17  
\_\_\_\_\_  
Date