

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

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

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 Signature  Date 2/20/15