

School Union #29  
**POLAND COMMUNITY SCHOOL**  
OFFICE OF THE PRINCIPAL  
1250 Maine Street  
Poland, Maine 04274

Telephone 207-998-4915  
Fax 207-998-4998

Where good things  
are happening!



Elizabeth Inniss  
School Nurse Supervisor

Louise Robinson, LPN  
Poland Community School

Standing Orders Permission Form

To be completed by a Parent/ Legal Guardian: Return form to the nurse's office.

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Teacher \_\_\_\_\_ Child's Grade \_\_\_\_\_ Student's Allergies \_\_\_\_\_

My child has permission to receive the following medication/treatments as approved by the school physician when indicated during school hours:

Tylenol/Acetaminophen- Will be given in accordance to child's weight. (for fever or pain)

Benadryl 2.5mg-25mg every 6 hours as needed for itching.( hives/allergic reaction)

EPI-PEN Jr. 0.15mg. for child weighing less than 66 lb.'s (anaphylactic reaction)

EPI-PEN 0.3 mg. for child weighing 66 lb.'s or more (anaphylactic reaction)

Tums or Rolaids (minor gastric upset or minor heartburn)

Antibacterial soap, Hydrogen Peroxide, First Aid cream, Bacitracin, or Neosporin

Hydrocortisone 1% (symptoms of rash, inflammation, itch)

Chloraseptic Spray (sore throats)

Calamine (bug bites, itch)

Anbesol/ Orabase Paste (minor gum or tooth irritation)

Petroleum Jelly (dry lips or irritated areas)

Aloe Vera Gel (minor sunburns, burns, or chaffed skin)

Sterile isotonic eye wash (minor eye irritation)

Contact lens solution (to clean contact lenses)

Sting Swab / Meat tenderizer and baking soda paste (insect/ bee stings)

Cough Drops ( Parent need to supply these and send them in with your child . (Must be kept in the nurse's office)

I understand that school employees are not medically trained personnel and that the school nurse or LPN may not always be available to dispense the above medication/treatments. With full knowledge of this, I hereby give permission for the administration of the above medication/treatments by the school nurse and/or LPN, or other non-medical school personnel designated by the school principal.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician 's Signature \_\_\_\_\_ Date \_\_\_\_\_