

**RSU # 16**  
**Standing Orders Permission Form**

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

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_  
Grade \_\_\_\_\_ RT Advisor/HR Teacher \_\_\_\_\_  
Student Allergies \_\_\_\_\_

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

- Tylenol/Acetaminophen 325mg – 1000mg or appropriate dosage in accordance to child's weight, every 4 hours as needed. (for fever or pain)
- Benadryl 12.5mg – 25 mg or 25 mg – 50 mg every 6 hours as needed for itching. (hives/allergic reaction)
- EPI-PEN Jr 0.15 mg or EPI-PEN 0.3mg for severe allergic reaction with breathing difficulty. (anaphylactic reaction)
- Tums or Rolaids (minor gastric upset or minor heartburn)

- Antibacterial soap, Hydrogen Peroxide, First Aid cream, Bacitracin, or Neosporin
- Hydrocortisone Cream 1% (symptoms of rash, inflammation, itch)
- Calamine lotion (bug bites/itch)

- Chloraseptic Spray (sore throat)
- Cough drops (Parents may send these in with child. Elementary age students should have them kept in the nurse's office.)

- Anbesol/Orajel/Orabase Paste (minor gum or tooth irritation)

- Petroleum Jelly (dry lips or irritated areas)

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

- Sterile saline eye wash (minor eye irritation)
- Contact lens solution (to clean contact lenses)
- Sting swab/Meat tenderizer and baking soda paste (insect/bee stings)

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 \_\_\_\_\_

