

Standing Medical Orders 2023 - 2024

To be completed by the Parent/Legal Guardian and returned to the nurse's office.

Student's Name:	DOB:
RT Advisor/Homeroom Teacher:	Grade:
Student Allergies:	

RSU#16 School Nurses will follow Standing Medical Orders as recommended by the School Medical Advisor and according to protocols as issued in the State of Maine School Health Manual.

Acetaminophen 160 mg/ 5ml or chewable tablet PO OR 325 mg–1000 mg PO as appropriate dosage in accordance with child's age/weight every 4 hours as needed (for fever or pain)
Ibuprofen 100 mg/5 ml or chewable tablet OR 200-400 mg PO as appropriate in accordance with child's age/weight every 6-8 hours (for fever or pain)
Benadryl 12.5mg/5 ml PO as age/weight appropriate or 25 mg – 50 mg PO as age/weight appropriate every 6 hours as needed for itching (hives/allergic reaction)
EPI-PEN Jr 0.15 mg (33-66 lbs) or EPI-PEN 0.3mg (for students greater than 66 lbs) for severe anaphylactic allergic reaction with breathing difficulty
Narcan 4 mg./0.1 ml intranasal (for unresponsive student who presents with signs and symptoms of an opioid overdose)
Antacids (minor stomach upset or minor heartburn)calcium carbonate chewables-ages 3-5 = 400 mg; ages 6-11=800 mg; ages 12 and over = 1,000-3,000 mg
Hydrogen Peroxide (wound cleaning)
Neomycin sulfate, polymyxin B sulfate, & bacitracin zinc cream (prophylaxis for infection)
Hydrocortisone Cream 1% (symptoms of rash, inflammation, itch)
Calamine lotion/Caladryl (bug bites/itch, poison ivy, poison oak, sumac)
Cough drops (dry cough, sore throat)
Vapo rub topical (nasal congestion)
Anbesol (canker sore) Orajel (minor gum or tooth irritation)
Petroleum Jelly (dry lips or irritated skin areas)
Aloe Vera Gel (minor sunburns, or chafed skin)
Burn Jel (minor burns)
Sterile saline (minor eye irritation or wound irritation)
Refresh Tears (minor eye irritation)
Contact lens solution (to clean contact lenses)
Sunscreen Parents/guardians may send to school for students to apply while on field trips or extended periods of outside activity such as Field Day

- My child has permission to receive the above medication/treatments as approved by the school physician when indicated during school hours.
- 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 nurse or school principal.

Signed (Parent/Guardian) _____ **Date** _____