

Park City JH/High School

Dan Grabowska, Superintendent
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Dear Parents/Guardians, Grade _____

Park City Public Schools policy requires your consent in order to administer the over-the-counter medications described below. All other medications require the signature of your child's health care provider. (This includes all prescription, over the counter and CAM; Complementary and Alternative Medicine)

I give permission for the school nurse and/or other designee to administer the below medications to _____ / _____
Students Name Date of Birth

My child is allergic to _____.

Parent/ Guardian Signature Date

*** Standing Orders for School Nurses—Grades 7-12**

1. May use Tums as directed. 1-3 tablets at a time.
2. Apply Hydrocortisone 1% or 0.5% cream or Caladryl ® for minor rash.
3. Acetaminophen (Tylenol) 325mg 1-3 tablets, or 500 mg 1-2 tablets, to be administered no more than every 4 hours under the direction of the school nurse.
4. Ibuprofen 200mg, (Advil, Motrin) 1-2 tablets to be administered no more than every 6-8 hours under the direction of the school nurse.
5. Benadryl (diphenhydramine) 25mg, 1-2 tablets to be given for minor allergic reactions. The parent/guardian will be notified when possible prior to administering Benadryl.

On File
Physician Signature/

Date Signed/ (Effective for 2020-2021 School Year)

