

Branson Public Schools

2011/2012

Standing Order for Administration of Non-Prescription Medications

Medications may be given only with written permission from a parent/guardian. Precautions, allergies, and health concerns are to be noted below. A student's need for non-prescription medication will be assessed by a Registered Nurse, Licensed Practical Nurse, or delegated personnel.

Acetaminophen

- 1. Reduction of temperature less than 100.0 degrees or for complaints of discomfort.
2. Headache not associated with a blow to the head or possible head injury, after other measures have been tried. (Fluids, rest, cool pack to head)

Topical Non-Prescription Medication to be used in the Health Office

- 1. Hydrogen Peroxide
2. Isopropyl Alcohol
3. Caladryl Lotion (or generic Calamine/Benadryl suspension)
4. Petroleum Jelly
5. Sterile Eye Wash

Dosage of the non-prescription medication will be administered according to manufacturer's package instructions for age and weight. When possible, the school will notify parent/guardian that a non-prescription medication was given.

[Signature]
Peter R. Marcellus, M.D.

3-10-11
Date

Student \_\_\_\_\_ Grade \_\_\_\_\_ has permission to be treated in the health office according to policy.

Allergies or Health Concerns:

Form with fields for Allergies, Food Allergies, Asthma, Diabetes, Heart Condition, Epilepsy/Seizure, and Other, each with sub-fields for Type, Medication, Restrictions, and Date of Last Seizure.

\*\*If one of the above is marked, an additional health questionnaire may be sent home. The answers obtained from the questionnaire will assist the health services team in providing specialized care for your student.

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

ALL HEALTH RECORDS ARE CONFIDENTIAL. Access to these confidential records is limited to the health services department unless permission is obtained from the parent/guardian. Please check the appropriate box below if you would like the above health information to be disclosed with other school officials that would be advantageous to your students' health (i.e. food services, transportation services, fitness teacher or classroom teacher, and/or principal).

- [ ] YES, I give consent for mutual exchange of health information.
[ ] NO, I do not give consent for mutual exchange of health information.