



OFFICE OF SCHOOL NURSE
201 Forest Street, Marlborough, MA 01752
Phone 508 597-2475/2473 – Medical FAX 508 -597 2494

PARENTAL PERMISSION FOR OTC STANDING MEDICATION ORDERS 2021-22

Student Name: _____ Grade: 6 7 8 9 10 11 12

Dear Parent/Guardian;

There are times when your child may come to the Nurse’s Office with a headache, upset stomach, cold symptoms, or pain from orthodontia, sports injuries, or menstrual cramps. With written permission from a parent or guardian, your child may receive **up to three (3) doses each school year** of over-the-counter medication to relieve their symptoms and allow them to have a successful school day – without you having to get an order from their primary care physician! **However, these medications are intended for very infrequent use. Any child needing more than 3 doses per year is required to get a physician’s order.**

Our school physician, Angela D. Hunt, MD of Town Center Pediatrics, has provided standing orders and protocols for the medications listed below. If you would like your child to receive any of these medications at school, please indicate your preferences below and sign your consent. No medication will be dispensed if your child exhibits a fever, or signs of an illness or condition that warrants physician assessment or dismissal from school. Other pain-relief methods such as ice/hot packs, relaxation and breathing techniques, and hydration/snack, will be used before medication is offered.

Allergies: _____

Medical conditions: _____

List ALL medications/herbs your child takes daily or occasionally: _____

My child has permission to receive the medication(s) checked below. I understand this medication will be given only after the nurse has made an assessment and determines it is appropriate and necessary;

- Ibuprofen, 400 mg.**
for pain relief
- Acetaminophen, 650 mg.**
for pain relief
- Throat lozenge**
for sore throat/cough
- Caladryl**
for itching rash
- Lip Balm**
for dry lips

Please call me every time my child receives a dose of medication No Yes

Daytime phone number _____ Daytime e-mail: _____

Parent/Guardian Signature _____ Date _____