



Tahanto Regional Middle-High School

Berlin-Boylston Regional School District

1001 Main Street, Boylston, MA 01505

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PARENTAL PERMISSION FOR OTC STANDING MEDICATION ORDERS 2022-2023

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

Dear Parent/Guardian;

There are times when your child may come to the nurses office with a headache, upset stomach, allergies, or pain from orthodontia, sports injuries or menstrual cramps. With written permission from a parent/guardian, your child may receive over-the-counter medication to relieve their symptoms and allow them to have a successful school day - without having to get an order from their primary care physician.

Our school physician, John Solomonides MD, 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 and/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;

- | | |
|--|--|
| <input type="checkbox"/> Ibuprofen, 200-400mg (pain relief) | <input type="checkbox"/> Benadryl, 25mg (itching/rash) |
| <input type="checkbox"/> Throat Lozenge (sore throat/cough) | <input type="checkbox"/> Acetaminophen, 325mg-650mg (pain relief) |
| <input type="checkbox"/> Sudafed, 30-60mg (decongestant) | <input type="checkbox"/> Loratadine, 10mg (allergies) |
| <input type="checkbox"/> Zyrtec 10mg (allergies) | <input type="checkbox"/> Antibiotic ointment (minor cuts/abrasions) |
| <input type="checkbox"/> Tums, 2-4 tablets (upset stomach) | <input type="checkbox"/> Caladryl Lotion (minor skin irritations) |

Parent/Guardian Signature: _____

Parent/Guardian Name Printed: _____

Daytime phone #: _____ **Daytime email:** _____