

**THOMPSON FALLS SCHOOL DISTRICT #2**  
**STANDING ORDERS FOR SCHOOL NURSE**

Dear Parent/Guardian,

Thompson Falls Public School policy requires your consent to administer over-the-counter medications (described below) to your child. **A separate form is required for prescribed medications from your child's healthcare provider and can also be found on the school website.**

I give permission for the school nurse and/or other designee to administer the medications listed below as needed to \_\_\_\_\_.

STUDENT'S Name

My child is allergic to \_\_\_\_\_.

**Please initial next to the medications that are allowed for your child and draw a line through the medications you DO NOT want your child to have.**

- \_\_\_\_ 1. May have Tums per package directions for upset stomach.
- \_\_\_\_ 2. May apply Hydrocortisone 1% cream topically for minor rash/itching.
- \_\_\_\_ 3. May apply Orajel topically per package directions for minor oral discomfort.
- \_\_\_\_ 4. May apply Burn Cream topically per package directions for minor burns.
- \_\_\_\_ 5. May have cough drops per package directions for sore throat and/or cough.
- \_\_\_\_ 6. Tylenol by mouth may be given for minor aches and pains per package directions for age and/or weight.
- \_\_\_\_ 7. Ibuprofen by mouth may be given for minor aches and pains per package directions for age and/or weight.
- \_\_\_\_ 8. Benadryl by mouth may be given for allergic reaction and/or seasonal allergies per package directions for age and/or weight. This medication may cause drowsiness.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date signed

Revised 5/2024

Rebecca Beckman RN, BSN