



Judson Independent School District Standing Order Medication Permission Form

Emergency Treatment Form

Student's Name: \_\_\_\_\_ ID# \_\_\_\_\_

Grade: \_\_\_\_\_ List all MEDICATION ALLERGIES:

Explain Reaction:

OVER THE COUNTER MEDICATION PERMISSION

I give permission for my child, \_\_\_\_\_, to receive the following medications from the School Nurse/ Designee when indicated during school hours. These medications are NOT intended for continuous or frequent use. The medications cannot be administered for more than three days in a row and more than two (up to three-day occurrences) times in one month. This written permission will remain in effect for the current school year and must be renewed each year. School personnel will administer these medications per standing orders from a medical advisor and have the right to refuse to medicate. Students requiring medication regularly for a documented medical condition should have written parent permission and physician's order for the medication. Please complete a separate medication authorization form and bring the medication in a properly labeled bottle as directed in the district's medication policy. The following non-prescription medications may be given to students during school hours at the school nurse's discretion and per standing orders. This is intended to be used for first aid only and will not be indiscriminately dispensed.

Please check:

Tylenol (Acetaminophen) **Yes/No** Calamine Lotion/ Caladryl **Yes/No**

Benadryl (Diphenhydramine) **Yes/No** Bacitracin **Yes/No**

Eye Irrigate/Sterile Saline **Yes/No** Vaseline **Yes/No**

Cough Drops (Grades 6-12 only) **Yes/No**

At times, confidential health information may need to be shared with others on a need-to-know basis, such as emergency/ hospital personnel, chaperones during school-sponsored trips, teachers, bus drivers, administration, counselors, classroom/cafeteria aides, coaches, and/or as needed with other school personnel involved with my child.

Parent Name Printed \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Contact Number \_\_\_\_\_