TISHOMINGO COUNTY SCHOOL DISTRICT
STANDING ORDERS
SCHOOL HEALTH 2025-2026

Student Name:_____ DOB:_____

Medication Allergies:_____

School Attending (Circle): Belmont Burnsville IES IMS Tishomingo TCHS

- ☐ Acetaminophen (weight based dosing) as liquid or chewable or tab PO Q4H PRN for pain or fever (Max 2 doses per day) ****Licensed Nurse to obtain weight prior to administration****
- ☐ Ibuprofen (weight based dosing) as liquid, chewable, or tab PO Q6H PRN for pain or fever (Max 2 doses per day) ****Licensed Nurse to obtain weight prior to administration****
- ☐ Antacid Tab: 1 or 2 tablets PO Q4H PRN for GI discomfort (Max 6 tablets per day
  (May be available and given as 500 or 1000 mg tablets)
- ☐ Mylanta 10 ml or 20 mL PO Q8H PRN for GI discomfort (Max 2 doses per day)
- ☐ Simethicone 80 mg or 125 mg PO Q6H PRN gas (Max 2 doses per day)
- ☐ Diphenhydramine 25 mg or 50 mg PO as liquid or tablet Q4H PRN for seasonal allergies or mild allergic reactions (Max 2 doses per day)
  ***Anaphylaxis is an emergent condition and is to be dealt with as such per school plan or protocol.**
- ☐ Loratadine / Cetirizine 5 mg or 10 mg as liquid or tablet PO once daily for environmental allergies (Max 1 dose per day)
- ☐ OTC Antibiotic Ointment: 1 application topically to minor wounds (Max 3 applications per day)
- ☐ OTC Anti-itch cream (steroid or antihistamine): 1 application topically to skin for localized rash / itching / insect bite / sting (Max 3 applications per day)
- ☐ OTC Antifungal cream: 1 application topically to skin for localized rash (Max 3 applications per day)
- ☐ OTC Calamine lotion: 1 application topically to skin for localized rash (Max 3 applications per day)
- ☐ OTC 'Sting relief' 1 application topically to skin for insect bite / sting (Max 3 applications per day)
- ☐ OTC 'Burn relief 1 application topically to skin for minor skin burns (Max 3 applications per day)
- ☐ OTC Oral 'pain relief' gel 1 application to the affected oral area for oral pain (Max 3 applications per day)
- ☐ OTC Cough drops 1 lozenge orally as needed for sore throat or cough (Max 6 per day) ***choke risk**

MS Licensed Prescriber Printed Name: _____Credentials:_____
Licensee Signature:_____ Date_____
Parent/Legal Guardian Signature of Consent: _____Date_____

Pt's weight, dosage, allergies, and specific contraindications to treatment are subject to change and must be verified by the licensed nurse on site prior to administration. The standing orders listed are based on the child being in an otherwise normal state of health aside from the minor ailment for which the order applies. As the prescriber is not on site to provide a physical assessment to determine the appropriateness to activate a particular order, this is deferred to the judgement of the licensed nurse physically present with the child. OTC creams, lotions, gels, sprays, lozenges and other preparation ingredients vary and individual products cannot be validated by prescriber. For other OTC medications recommended or needed, attach additional sheets as needed and include dosage, route, frequency, indication and maximum per day. **additional meds ordered/supplied by parent Standing orders require the written consent of parent or legal guardian documented above prior to activation. Any medical plan or protocol in place for anaphylaxis is not reviewed, prepared, or endorsed by the signing licensed health care provider and nothing in this document shall be construed as such. Revision 03/25**