

Bethlehem Area School District  
High School – Standing Order Parent Consent

Dear Parents/Guardians:

The Pennsylvania school health guidelines and the State Board of Nursing in Pennsylvania require written orders from a physician or nurse practitioner for a student to receive any medication in school. This includes all over-the-counter medications.

To help students treat uncomplicated headaches, relieve menstrual cramps, and/or a sour stomach or indigestion a standing order has been obtained. This means that a school physician wrote an order for high school students to receive selected medications within the following guidelines. To comply with BASD policy, written parental permission is required. This form must be signed and returned to the school. Please note this authorization is valid for the current school year and **MUST** be completed each year.

- Written approval will be required from the parent.
- A student who requests medication for menstrual cramps may be asked to seek a medical evaluation with this explanation: menstrual cramps that interfere with activities of daily living should be evaluated to rule out treatable conditions such as endometriosis, PID, or STD's. Students will be given written health instructions to share with their parents.
- The school nurse will support parents and students who need help finding a physician.
- The nurse reserves the right to refuse to dispense medication at any time based on her assessment of the situation and every effort will be made to notify parents of this situation.

I have read the standing order guidelines and I agree my student may receive these medications at school. If my student may not receive one of these medications, I have crossed that medication out. My student is not allergic to these medications. **These medications will not be given more than once daily, and no more than three times in a thirty day period without further written instructions from the student's health care provider.**

Acetaminophen 2 tablets (325 mg each) for students 12 years or older once during the school day for menstrual cramps or an uncomplicated headache, without fever, stiff neck, sore throat, earache, vomiting or rash.

Ibuprofen 2 tablets (200 mg tablets or 4 teaspoons) once during the school day for menstrual cramps or an uncomplicated headache, without fever, stiff neck, sore throat, earache, vomiting or rash.

Anbesol for toothaches, gum pain and mouth sores.

Antacid 1 to 2 tablets for complaints of heartburn, sour stomach, indigestion without fever or vomiting.

Bacitracin for open wounds (cuts, blisters, and abrasions etc).

Cool water for minor burns

Caladryl (anti-itch lotion) applied sparingly to bug bites and poison ivy rashes.

Loratadine ( Claritin) 10 mg (1 tablet or 2 teaspoons of syrup) **once daily** for relief of mild allergy symptoms

Sting Swabs applied to insect bites/stings.

Salt Water Gargle

Throat Lozenges 1 lozenge for cough or throat irritation.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

I do hereby release, discharge and hold harmless Bethlehem Area School District, its agents and employees from any and all liability and claims whatsoever in connection with the administration of the above medication to my child. Medication will not be sent on field trips unless specific arrangements have been made.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Rev. 07/2025

Distrito Escolar del Area de Bethlehem  
Escuela Intermedia -Permiso de los padres para Medicamentos

Queridos Padres/Guardianes:

El Distrito Escolar del Area de Bethlehem y la Junta Directiva Estatal de Enfermeras en Pensilvania requieren ordenes escritas de un medico o enfermera profesional para que un estudiante reciba cualquier medicamento en la escuela. Esto incluye todos los medicamentos sin receta.

Para ayudar a los estudiantes a tratar dolores de cabeza no complicados y aliviar calambres menstruales y/o malestar estomacal o indigestion un plan escrito se ha obtenido para una orden de duracion. Esto significa que un medico escolar escribio una orden para que estudiantes de escuela superior puedan recibir medicamentos selectos. Para cumplir con las politicas del BASD se requiere permiso escrito de los padres. Este formulario debe ser firmado y devuelto a la escuela. Por favor, tome nota que esta autorizacion es valida para el afio escolar en curso y DEBE ser completada cada afio.

Yo he leido las pautas de la orden de duraci3n y estoy de acuerdo que mi estudiante pueda recibir estos medicamentos en la escuela. Si mi estudiante no puede recibir uno de estos medicamentos yo he tachado ese medicamento. Mi estudiante no es alergico a estos medicamentos. Estos medicamentos no seran dados mas de una vez al dia, y no mas de tres veces en un periodo de treinta dias sin instrucciones escritas adicionales del proveedor de cuidado de salud del estudiante.

Acetaminophen 2 tabletas (325 mg cada una) para estudiantes de 12 afios o mayores una vez durante el dia escolar para un dolor decabeza no complicado o para calambres menstruales.

Ibuprofen 2 tabletas (200 mg tabletas o 4 cucharaditas) una vez durante el dia escolar para un dolor de cabeza no complicado o calambres menstruales.

Anbesol para dolor de dientes, dolor de encillas y llagas en la boca  
Antiacidos 1 o 2 tabletas para quejas de acidez estomacal, malestar estomacal, indigestion sin fiebre o vomito.

Bacitracin para heridas abiertas (cortadas, ampollas, rasguños, etc.)  
Agua fría para quemadura leves  
Caladryl (loci3n para aliviar la picazon) aplicado en pequenas cantidades sobre picadas de insectos y veneno de hiedra. Aplicaci3n con hisopos sobre mordidas o picaduras de insectos  
Loratadine ( Claritin) 10 mg (1 tableta o 2 cucharaditas de jarabe) una vez al día para el alivio de los síntomas leves de alergia.  
Hacer gárgaras de agua salada  
Pastillas para la garganta (1 pastilla por tos o irritaci3n de la garganta).

Nombre del Estudiante \_\_\_\_\_ Grado \_\_\_\_\_

Yo por este medio, exonero, libero y sostengo sin perjuicio al Distrito Escolar de! Area de Bethlehem, sus agentes y empleados de cualquiera y todas las responsabilidades y demandas en conexi3n con la administraci3n del medicamento arriba mencionado a mi hijo/a. Los medicamentos no deben ser enviados en excursiones a no ser que se hayan hecho arreglos especificos

Firma del Padre \_\_\_\_\_ Fecha \_\_\_\_\_