



# North Middlesex Regional School District Health Services

## STANDING ORDER MEDICATIONS AND EMERGENCY CARE MANAGEMENT

2025-2026 School Year

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Over-the-counter (OTC) medications are drugs that do not require a prescription in order for you to purchase them. In the school system, physician orders are required in order to administer OTC medications in the health office. Our school physician has written standing orders for the medications listed below. OTC medication will be given based on our current standing orders. A copy of the protocol can be requested. *This parental consent form is required before any OTC medication can be administered at school.*

**\*\*\*PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION\*\*\***

### Topical:

\_\_\_\_\_ Hydrocortisone Cream 1%  
\_\_\_\_\_ Anti-itch cream  
\_\_\_\_\_ Antibiotic Ointment  
\_\_\_\_\_ Caladryl  
\_\_\_\_\_ Hand Sanitizer

### Oral:

\_\_\_\_\_ Acetaminophen (Tylenol)  
\_\_\_\_\_ Ibuprofen (Advil, Motrin)  
\_\_\_\_\_ Diphenhydramine (Benadryl)  
\_\_\_\_\_ Throat lozenges/Cough drops  
\_\_\_\_\_ Antacid Tablets (Tums)

**THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT**

**OR**

\_\_\_\_\_ I **DO NOT** want any OTC meds given to my student

### EMERGENCY CARE MANAGEMENT

\_\_\_\_\_ School nurses are available in our pre-K and K-12 buildings to provide assessments and treatments as needed for minor illnesses and injuries that occur during the school day. In the case of a major injury or illness that requires emergency treatment and/or transport, the nurse or their designee will make every effort to contact the parent/guardian based on the contact information maintained in ASPEN. It is essential that this information be updated by you when changes occur. If you cannot be contacted promptly in the case of a major illness or injury, you authorize the school staff to seek and obtain the services of a qualified physician/urgent care center/hospital and to arrange for your child to be transported to such facility for treatment, including x-rays, laboratory tests or other medical or surgical procedures that are deemed necessary on an emergency basis by a qualified physician/urgent care center/hospital. You hereby authorize the treating physician/urgent care center/hospital to render such medical and surgical treatment as is deemed medically necessary and agree to be responsible for the fees or charges for such treatment and/or transportation.

If you decline to sign this form, this is notice that in the event of a major illness or injury requiring medical treatment and/or transportation on an emergency basis the school district will nonetheless make an effort to contact you but will act in accordance with its legal obligations under Massachusetts law to protect the health and safety of students during the school day or during school-sponsored activities, and will obtain such treatment and/or transportation without responsibility for the fees or charges incurred for such treatment and/or transportation, which shall be your responsibility.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
Date

**NOTE: The school is not able to supply medication for frequent or daily use. For OTC medication not listed on this form, or if the medication must be given on a regular basis, please use the NMRSD medication permission form.**