Mifflinburg Area Middle School & High School

STANDING ORDER MEDICATION & SUNSCREEN PERMISSION FORM

2025-2026

Student's Name: _____ _____ Grade: _____
Last First

List all MEDICATION ALLERGIES: _____

_____

Explain Reaction: _____

MEDICATION PERMISSION

I give permission for my child, _____, to receive the following medications from the School Nurse\ designee, when indicated, in school. I release for Mifflinburg Area School District and personnel from all liability in medicating my child. These non-prescription medications will be used for minor complaints and are NOT intended for continuous or frequent use. School Personnel will administer these medications and have the right to refuse to medicate. Students requiring medication on a regular basis for a documented medical condition should have physician's order for the medication. Please complete a school medication form and bring in a properly labeled bottle as directed in the school medication policy.

The following non-prescription medications may be given to students in the middle school and high school for minor complaints during school hours at the discretion of the school nurse. This is intended to be used for first aide only and will not be indiscriminately dispensed.

	Please Check:	
Acetaminophen (Generic Tylenol)	Yes _____	No _____
Ibuprofen (Generic Motrin)	Yes _____	No _____
Antacid (Generic TUMS)	Yes _____	No _____
Diphenhydramine (Generic Benadryl)	Yes _____	No _____
Antibiotic Ointment (Bacitracin)	Yes _____	No _____
Anti-itch Cream (Caladryl/Calamine)	Yes _____	No _____
Cough Drops/ Throat Lozenge (Generic)	Yes _____	No _____
Ora-Jel	Yes _____	No _____
First-Aid Cream	Yes _____	No _____
Sting-Kill Swabs (To be used for insect stings)	Yes _____	No _____

SUNSCREEN PERMISSION

Per PA School Code, Parents/Guardians may choose to supply their child with Non-Aerosol Topical Sunscreen if it is approved by the U. S. Food & Drug Administration. Parents/Guardians must complete and submit the following information for their child to apply sunscreen during school hours, at a school-sponsored activity, or while under the supervision of school personnel. By signing below, you confirm that ***1) you are the Parent/Guardian of the Student, 2) you understand the school is not responsible for ensuring sunscreen is applied by the student, and 3) the student has demonstrated they are able to self-apply sunscreen.*** A school may cancel or restrict the possession, application, or use of a Non-Aerosol Topical Sunscreen product by a student if any of the following occurs: 1) the student fails to comply with school rules concerning the possession, application, or use of the Non-Aerosol Topical Sunscreen product; or 2) the student shows an unwillingness or inability to safeguard the Non-Aerosol Topical Sunscreen product from access by other students. If a school cancels or restricts the possession, application, or use of a Non-Aerosol Topical Sunscreen product by a student, the school entity shall provide written notice of the cancelation or restriction to the student's parent or guardian.

Sunscreen (used only per above policy) ***Please Check:*** Yes _____ No _____

The above health information is provided to ensure that my child will have a safe and healthy school experience. At times, this confidential information may need to be shared with others on a need-to-know basis. I give permission for this information to be shared, if necessary, with 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.

_____ _____

Signature of Parent/Guardian **Date**