

Administration Building

2000 Ashbourne Rd., Elkins Park, PA 19027
 215-886-9500 Fax: 215-884-3029
 Dr. Brian W. Scriven, Superintendent

Standing Order Medication Administration (6-12 grade) Parent-Guardian Consent

School Year _____

MUST BE COMPLETED IN FULL

Student Demographic Information

Name: _____ DOB: _____
 Grade: _____
 Address: _____ City: _____
 State: ____ Zip: _____

Parent/Guardian Information

Name: _____
 Relationship: _____
 Home Phone: _____ Cell phone: _____
 Email: _____ Work Phone: _____

Medical Information

Primary Physician Name: _____ Primary Physician Phone: _____

Allergies/Reactions: Medicine Food No known Allergies Other _____

Does the student suffer from: <input type="checkbox"/> Seizures Date of Last Seizure _____ <input type="checkbox"/> Asthma <input type="checkbox"/> Cardiac Condition	Diabetes Type 1 ____ Type 2 ____ Tourette's Syndrome <input type="checkbox"/> Arthritis/Rheumatic Disease <input type="checkbox"/> Bleeding orders <input type="checkbox"/> Sickle Cell <input type="checkbox"/> ADHD	<input type="checkbox"/> Anxiety/Depression <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Life Threatening Allergies <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Cerebral Palsy
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Standing Order Over the Counter Medication

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Over the Counter Authorization

The below treatments may be administered at the discretion of the school nurse according to symptoms presented, in accordance with the student's individual medication plan if present:

- | | | | | | |
|------------------------------|-----------------------------|--------------------------------|------------------------------|-----------------------------|--------------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 325mg Acetaminophen (Tylenol) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | 500mg Acetaminophen (Tylenol) |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 200mg Ibuprofen (Advil/Motrin) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | 400mg Ibuprofen (Advil/Motrin) |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Tums 1 qty | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Tums 2 qty |

Consents for my child

I hereby give permission for my child to be administered the above medication(s).

Printed Parent Name _____

Signature of Parent/Guardian _____

Date: _____

*Please email or fax all completed forms to your child's CSN of Record