Bethlehem Area School District
Middle 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 middle 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 and 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.

If my student may NOT receive one of these medications I have placed a check in the No box. .

Yes [ ] No [ ] Acetaminophen 1 tablet (325 mg) for students 11 years of age, 2 tablets (325 mg each) for students 12 years or older once during the school day for post dental work pain, orthodontic procedures such as recent adjustment or tightening of braces, resulting in jaw or tooth discomfort, menstrual cramps or uncomplicated headache, without fever, stiff neck, sore throat, earache, vomiting or rash.

Yes [ ] No [ ] Ibuprofen 60 – 71 pounds –mg 250 mg (2.5 teaspoons), 72 – 95 pounds - 300 mg (3 teaspoons), 96 pounds and over - 400 mg (2 - 200 mg tablets or 4 teaspoons) once during the school day for post dental work pain, orthodontic procedures, such as recent adjustment or tightening of braces, resulting in jaw or tooth discomfort,menstrual cramps or an uncomplicated headache, without fever, stiff neck, sore throat, earache, vomiting or rash.

Yes [ ] No [ ] Anbesol/Orajel for toothaches, gum pain and mouth sores.

Yes [ ] No [ ] Antacid 1 to 2 tablets for complaints of heartburn, sour stomach, indigestion without fever or vomiting.
Yes [ ] No [ ] Bacitracin for open wounds (cuts, blisters, and abrasions etc).
Yes [ ] No [ ] Caladryl (anti-itch lotion) applied sparingly to bug bites and poison ivy rashes.
Yes [ ] No [ ] Loratadine (Claritin) 10 mg (1 tablet or 2 teaspoons of syrup) once daily for relief of mild allergy symptoms
Yes [ ] No [ ] Sting Swabs applied to insect bites/stings.
Yes [ ] No [ ] 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. 07/2026

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 leído las pautas de la orden de duración y estoy de acuerdo que mi estudiante pueda recibir estos medicamentos en la escuela durante el día escolar. Mi estudiante no es alérgico a estos medicamentos.
Si mi estudiante no puede recibir uno de estos medicamentos he marcado la casilla No.

Yes [ ] No [ ]Acetaminophen l tableta (325 mg) para estudiante de 11 afios de edad.
2 tabletas (325 mg cada una) para estudiantes de 12 afios o mayores una vez durante el dia escolar par un dolor de cabeza no complicado o para calambres menstruales.

Yes [ ] No [ ] Ibuprofen 60-71 libras - 250 mg (2.5 cucharaditas)
72-95 libras 300 mg (3 cucharaditas)
96 libras y mas-400 mg(2-200 mg tableta o 4 cucharaditas)
una vez durante el dia escolar para un dolor de cabeza no complicado o calambres menstruales.

Yes [ ] No [ ] Anbesol/Orajel para dolor de dientes, dolor de encías y llagas en la boca

Yes [ ] No [ ] Antiácidos 1 o 2 tabletas para quejas de acidez estomacal, malestar estomacal, indigestión sin fiebre o vomito.

Yes [ ] No [ ] Bacitracción para heridas abiertas (cortadas, ampollas, rasguños, etc.)

Yes [ ] No [ ] Atomizador para quemaduras o gel para quemaduras menores.

Yes [ ] No [ ] Caladryl (loci6n para aliviar la picazón) aplicado en pequeñas cantidades sobre picadas de insectos y veneno de hiedra.

Yes [ ] No [ ] Loratadine (Claritin) 10 mg (1 tableta o 2 cucharaditas de jarabe) una vez al día para el alivio de los síntomas leves de alergia.

Yes [ ] No [ ] Sting Swabs applied to insect bites/stings.

Yes [ ] No [ ] Pastillas para la garganta 1 pastilla por tos o irritación de la garganta

Nombre de! 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 conexi6n con la administraci6n 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 de! Padre_____ Fecha _____

Rev. 07/2026