Brooke Krininger, MPH, BSN, RN, Health Services Coordinator
Micah Hill, Superintendent



Dear Parents/Guardians:

Missoula County Public Schools policy requires your consent to administer the over-the-counter (OTC) medications below. All other medications & treatments, including prescription, over the counter, complementary & alternative medicine (CAM), etc. require an additional form completed by you & your child's health care provider. Those forms are available at school and on the district website under the Health Services tab. *For minor ailments, school nurses or staff may provide non-medical approaches, such as water/fluids, food, ice, heat, a short rest period, etc. in addition to or instead of medication, if indicated.

**Please complete this form if you grant permission for your student to receive the below medications as needed.**
I give permission for the school nurse and/or other designee to administer the medications listed below to my student. I have crossed out any medications listed that my student cannot take.

| Students Name | Date of Birth | School | Grade |
|---|---|---|---|
| _____ | _____ | _____ | _____ |

- My student is allergic to _____ or check ☐ if no allergies
- Has previously taken - Tylenol (acetaminophen) ☐ Yes ☐ No Ibuprofen (Motrin or Advil) ☐ Yes ☐ No
- Has a sensitivity to dyes & requires dye-free medications). ☐ Yes ☐ No (If yes, you may be asked to provide medication for your student.)

I understand that I need to supply the school with liquid or chewable medications or medications for field trips, if needed. I understand school procedure mandates that I am to provide medications to the school office in original containers. School personnel will discard the medications at the end of the school year if a parent does not pick them up prior.

_____ **Parent/ Guardian Signature**

_____ **Date**

## STANDING ORDERS FOR STUDENTS (Use only if non-medication interventions unsuccessful)

| For pain or discomfort | ***Acetaminophen (Tylenol) 325 mg tablets OR 160mg/5 mL liquid (1 teaspoon=5mL=160mg)*** | | ***Ibuprofen (Advil/Motrin) 200 mg tablets OR 100mg/5mL liquid (1 teaspoon=5mL=100mg)*** |
|---|---|---|---|
| **Dosing note** | **Below are dosing guidelines. If a student is small for age, notify nurse or parent for guidance on dosing.** | | |
| **Age 3** | 1 teaspoon (5 mL) | | 1 teaspoon (5mL) |
| **Ages 4-5** | 1 ½ teaspoon (7.5 mL) | | 1 ½ teaspoon (7.5 mL) |
| **Ages 6-8** | One 325 mg tablet ***OR*** 2 teaspoons (10 mL) | | One 200 mg tablet ***OR*** 2 teaspoons (10 mL) |
| **Ages 9-10** | One 325 mg tablet ***OR*** 2 ½ teaspoons (12.5 mL) | | One 200mg tablet ***OR*** 2 ½ teaspoons (12.5 mL) |
| **Age 11** | One 325 mg tablet ***OR*** 3 teaspoons (15 mL) | | One 200mg tablet ***OR*** 3 teaspoons (15 mL) |
| **Ages 12+** | Two 325 mg tablets ***OR*** 4 teaspoons (20mL) | | Two 200mg tablets ***OR*** 4 teaspoons (20 mL) |
| **Frequency** | No more than every 4 hours as needed | | No more than every 6 hours as needed |

**For *mild allergic reactions*** (swelling at site of sting, and/or hives or itching at area of contact of allergen) **–**

- Notify the parent & nurse of allergic reaction prior to medication administration when possible. Ask if allergy med taken at home.
- **Ages 3-5 years** – Loratadine (Claritin) 5 mg **once per day**
- **Ages 6 years and older -** Loratadine (Claritin) 10 mg **once per day**

**For minor stomach distress *for students ages 12 years and older only*** - **Calcium Carbonate (Tums**) 500 or 750 mg tabs 1-2 tablets chewed, no more than twice per day

On File in Health Services 6/25/2026

**Physician Signature- Dr. Andrea Vannatta, MD** **Date Signed (Effective for 2026-27 School Year & summer 2027 or until revoked in writing)**

Student Name: ______________________________________

| Date | Time | Medication | Amount Taken | Reason/ Complaint | Administered By: Signature |
|---|---|---|---|---|---|
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