OTC Medication Consent

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

Big Sky	Hellgate	Seeley-Swan	Sentinel	Willard
728-2401	728-2402	677-2224	728-2403	542-4073
Fax 549-4616	Fax 728-2496	Fax 677-2949	Fax 329-5959	Fax 327-6965
Nurse Fax: 329-5975	Nurse Fax: 329-5978		Nurse Fax: 329-5922	

Parents/guardians:

Missoula County Public Schools policy requires your consent to administer medications, including over-the-counter (OTC) medication dosages described below. All other medications or dosages, including prescription, over the counter, complementary & alternative medicine (CAM), treatments, etc. require an additional form completed by you & your child's health care provider. Those forms are available at school & 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 the following 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 in the dosages below to my student. I have crossed out any medications listed that my student cannot take.

_____ _____ _____ _____
Students Name Date of Birth Grade School

My child is allergic to_____ or check ☐ if no known allergies

_____ _____
Parent/ Guardian Signature Date

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Standing Orders for School Nurses—Grades 9-12

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1. Calcium carbonate tablets (Tums) May use as directed for upset stomach. 1-3 tablets at a time.
2. Hydrocortisone 1% or 0.5% cream or Caladryl ® Apply for minor rash as needed.
3. Acetaminophen (Tylenol) Give two 325 mg tablets ***OR*** ONE 500 mg tablet to be administered no more than every 4 hours under the direction of the school nurse for pain/discomfort.
4. Ibuprofen (Advil, Motrin) 200mg tablets Give 2 tablets to be administered no more than every 6 hours under the direction of the school nurse for pain/discomfort.
5. Loratadine (Claritin) 10 mg tablets may be given for minor allergic reactions. Parent/guardian will be notified when possible prior to administering loratadine.

On File in Health Services
Physician Signature – Dr. Andrea Vannatta

June 25, 2026
Date Signed (Effective for 2026-27 & Summer 2027 School Years or until revoked in writing)

Student Name: _____

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