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**CONSENT TO ADMINISTER STANDING ORDERS FOR OVER-THE-COUNTER MEDICATIONS IN SCHOOL**

In order for over-the-counter (OTC) medication(s) to be given to your child during school, this form needs to be completed by the child’s parent or legal guardian. Return the completed form to your child’s school nurse.

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_\_ **ID#:** \_\_\_\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN CONSENT**

**The school nurse and authorized school employees have permission to give my child the following over-the-counter (OTC) medications as approved by Dr. Bonilla for their uses in the Doctor’s Standing Orders:**

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| **Medication** | **Treatment for:** |
| Alcohol or alcohol pads | Disinfecting **ONLY** |
| Ammonia Inhalants | Fainting (if absolutely necessary) |
| Antibiotic Ointment or spray | Superficial Cuts/scrapes |
| Antifungal cream or spray (Tinactin) | Athlete foot or ringworm |
| Artificial Tears | Eye lubricant |
| Benadryl cream or spray | Insect bites/minor skin irritations/itch reliever/rash |
| Bengay | Muscle soreness/pain **(7th grade and up)** |
| BioFreeze | Muscle soreness/pain |
| Burn Cream/Spray or Solarcaine Burn Spray/Gel | Minor burns/minor sunburns/cuts/scrapes |
| Caladryl lotion | Rash/insect bites/itch reliever |
| Campho-Phenique Liquid/Gel or Blistex | Cold sores (for exterior use **ONLY**) |
| Chloraseptic Spray | Temporary relief of sore throat |
| Contact Lens Solution | Rinsing/cleaning contacts |
| Cough Drops | Cough or sore throat for **(2nd grade and up)** |
| Dermoplast or Medi-quick | Temporary relief of pain from minor scrapes or cuts, sunburns, or insect bites. |
| Eye Wash Solution | Minor eye irritations |
| Glucose gel/tablets | For low blood sugar |
| Heating Pad | Menstrual Cramps or Muscle Aches |
| Hydrocortisone 1% | Skin reactions/itching/insect bites  ***\*(Do not apply on open skin)*** |
| Hydrogen Peroxide | Disinfecting **ONLY** |
| Ice pack | Insect bites/muscle sprains/injuries/headaches |
| Metholated or Vicks Ointment | Stuffy nose/cough |
| Orajel | Cold sores/toothaches/canker sores/gum pain |
| Second Skin (Squares) | Blisters/scratches/cuts |
| Sting kill swabs or spray | Itch relief from insect bites |
| Unassigned Epinephrine Auto Injector/EpiPen | Signs & symptoms of an anaphylaxis reaction/shock |
| Vaseline or Blistex | Chapped lips |
| Visine | Relief of eye redness  **(2nd grade and up)** |
| Wound Wash Saline | Cleaning wounds/cuts/abrasions |

**Yes**

**(Please c*heck one)***

**No**

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**Parent/Guardian Signature Print Name Date**