



Mark Thane, Superintendent
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Big Sky
728-2401
Fax 549-4616

Nurse Fax:
329-5975

Hellgate
728-2402
Fax 728-2496

Nurse Fax:
329-5979

Seeley-Swan
677-2224
Fax 677-2949

Sentinel
728-2403
Fax 329-5959

Nurse Fax:
329-5922

Willard
542-4073
Fax 327-6965

Dear Parents/Guardians,

Grade_____

Missoula County Public Schools policy requires your consent in order to administer the over-the-counter medications described below. All other medications require the signature of your child's health care provider. (This includes all prescription, over the counter and CAM; Complementary and Alternative Medicine)

I give permission for the school nurse and/or other designee to administer the below medications to _____ / _____
Students Name Date of Birth

My child is allergic to _____.

Parent/ Guardian Signature

Date

Standing Orders for School Nurses—Grades 9-12

1. May use Tums as directed. 1-3 tablets at a time.
2. Apply Hydrocortisone 1% or 0.5% cream or Caladryl ® for minor rash.
3. Acetaminophen (Tylenol) 325mg 1-3 tablets, or 500 mg 1-2 tablets, to be administered no more than every 4 hours under the direction of the school nurse.
4. Ibuprofen 200mg, (Advil, Motrin) 1-2 tablets to be administered no more than every 6-8 hours under the direction of the school nurse.
5. Benadryl (diphenhydramine) 25mg, 1-2 tablets to be given for minor allergic reactions. The parent/guardian will be notified when possible prior to administering Benadryl.

on file
Physician Signature/

on file
Date Signed/ (Effective for 2016-17 School Year)

Student Name: _____

[illegible]