



Brooke Krininger, MPH, BSN, RN Health Services Coordinator

Russ Lodge, Superintendent

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

Dear Parents/Guardians:

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

Grade _____ 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 1-2 tablets**, or **ONE 500 mg** 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 in Health Services
Physician Signature/

Date Signed/ (Effective for 2022-2023 School Year)

