



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

Standing order consent HS

Big Sky	Hellgate	Seeley-Swan	Sentinel	Willard
406-728-2401 Fax 406-549-4616	406-728-2402 Fax 406-728-2496	406-677-2224 Fax 677-2949	406-728-2403 Fax 406-329-5959	406-542-4073 Fax 406-327-6965
Nurse Fax: 406-329-5975	Nurse Fax: 406-329-5978	Nurse Fax: 406-677-2949	Nurse Fax: 406-329-5922	Nurse Fax 406-327-6965

Parents/guardians:

Missoula County Public Schools policy requires your consent to administer the over-the-counter medications below. All other medications & treatments - prescription, over the counter, complementary & alternative treatments, etc. require an additional form completed by you & your child's health care provider. Those forms are available at school and on the MCPS website under the Health Services tab.

*If indicated, school nurses or staff may provide non-medical approaches, such as water/fluids, food, ice, warm packs, short rest period, etc. and/or require student to go home, in addition to or instead of medication.

Please complete if you would like the medications below available for your student.

I give permission for the school nurse and/or other designee to administer the medications below, to my student. **I have crossed out any medications listed that my student cannot take.**

Students Name Date of Birth Grade School

My student is allergic to_____.

Parent/ Guardian Signature Date

Standing Orders for School Nurses—Grades 9-12

1. Calcium carbonate tablets (Tums) May use as directed per label.
2. Hydrocortisone 1% or 0.5% cream or Caladryl ® Apply for minor rash.
3. Acetaminophen (Tylenol) 325mg 1-2 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. (*If also taking ibuprofen, wait 4 hours between medications)
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 for pain/discomfort. (*If also taking Acetaminophen, wait 4 hours between medications.)
5. Benadryl (diphenhydramine) 25mg 1-2 tablets no more than every 6 hours to be given for minor allergic reactions. The parent/guardian will be notified when possible prior to administering Benadryl.

A. Vannatta
Physician Signature – Dr. Andrea Vannatta

4/2/24
Date Signed (Effective for 2024-25 & Summer 2025 School Years or until revoked in writing)

Name: _____

Standing order MAR

[illegible]

School year 2024-25-summer 2025