



Forward Thinking, High Achieving.

Mark Thane, Superintendent
215 South Sixth West, Missoula, MT 59801 (406) 728-2400

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 medications below to

Students Name / Date of Birth / Grade

My child is allergic to

My child has previously taken Tylenol (acetaminophen) Yes No

My child has previously taken Ibuprofen (Motrin or Advil) Yes No

I understand that I need to supply the school with liquid or chewable medications or medications for field trips if needed. I understand school procedure is that I am to give the medication to the school office in its original container. School personnel will discard the medications supplied at the end of the school year if a parent does not pick them up prior to this.

Parent/ Guardian Signature

Date

STANDING ORDERS FOR STUDENTS

Table with 3 columns: Grade, Acetaminophen (Tylenol) Dose, and Ibuprofen (Advil/Motrin) Dose. Rows include Kindergarten, Grades 1-4, Grades 5-8, and Frequency/max dose.

- Tums (calcium carbonate) 1-2 tablets chewed, no more than twice per day for minor stomach distress.
Benadryl (diphenhydramine) 25mg for minor allergic reaction to include swelling at site of sting, and/or hives or itching at area of contact of allergen. The school will notify the parent and school nurse of allergic reaction prior to medication administration when possible.

ON FILE

Physician Signature

Date Signed/ (Effective for 2018-19 School Year)

