



Forward Thinking, High Achieving.

Rob Watson, 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

	Acetaminophen (Tylenol) Dose	Ibuprofen (Advil/Motrin) Dose
Kindergarten	1 ½ teaspoon= 7.5 ml=240mg of liquid acetaminophen 160mg/5 ml concentration	1 ½ teaspoon= 7.5 ml= 150mg of liquid ibuprofen 100mg/5 ml concentration
Grades 1-4	One 325 mg tablet OR one 500mg tablet (up to 3 teaspoons/15 ml)	One 200 mg tablet or 2 teaspoons/10 ml
Grades 5-8	Two 325 mg tablets OR one 500mg tablet (3-4 teaspoons/15-20 ml)	Two 200mg tablets or 4 teaspoons/20 ml
Frequency/ max dose	Up to every 4 hours, no more than 1300 mg in any 8 hour period	Once every 8 hours.

- 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)

