



Forward Thinking, High Achieving.

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Table with 5 columns: Big Sky, Hellgate, Seeley-Swan, Sentinel, Willard. Each column lists phone and fax numbers, and a Nurse Fax box with a number.

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.

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/ _____

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

