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

Dear Parents/Guardians:

Missoula County Public Schools policy requires your consent in order to administer the over-the-counter medications (OTC) described below. All other medications & treatments require an additional form with the signature of your child's health care provider. (This includes all prescription, over the counter and complementary and alternative medicine (CAM)). Forms available at school and on the district website under the Health Services tab.

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
My child has a sensitivity to dyes in medications & requires dye-free acetaminophen (Tylenol) or ibuprofen (Motrin or Advil). ☐ Yes ☐ No (If yes, you may be asked to provide.)

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

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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.

- 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.
- **For students age 12 and older only** - Tums (calcium carbonate) 1-2 tablets chewed, no more than twice per day for minor stomach distress.

On File in Health Services 5/17/2023
Physician Signature Dr. Andrea Vannatta, MD Date Signed (Effective for 2023-2024 School Year or until revoked in writing)