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 are 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

I understand that I will supply the medications that I want available to my student and that school procedure is that I or a designated adult will give the medication to the school office directly in its original container. School personnel will discard the medications 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 Pre/Early K STUDENTS

	Acetaminophen (Tylenol) Dose		Ibuprofen (Advil/Motrin) Dose
Age 3-4	**1 teaspoon = 5 ml= 160 mg** of liquid acetaminophen 160mg (5 ml) concentration		**1 teaspoon = 5 ml= 100mg** of liquid ibuprofen 100mg (5 ml) concentration
Age 5-6	**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

On File in Health Services 5/17/2023
Physician Signature Dr. Andrea Vannatta, MD Date Signed (Effective for 2023-2024 School Year & Summer Sessions)