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

Standing order consent Pre K/Early K/Early Lit

Dear Parents/Guardians:

Missoula County Public Schools policy requires your consent to administer the over-the-counter medications below. All other medications & treatments - prescription, over the counter, complementary & alternative treatments, etc. require an additional form completed by you & your child's health care provider. Those forms are available at school and on the MCPS website under the Health Services tab.

*If indicated, school nurses or staff may provide non-medical approaches, such as water/fluids, food, ice, warm packs, short rest periods, etc. and/or require students to go home, in addition to or instead of medication.

Please complete if you would like your student to receive the medications listed below.
I give permission for the school nurse and/or other designee to administer the medications below, to my student. **I have crossed out any medications listed that my student cannot take**.

_____ _____ _____ _____
Student Name **Date of Birth** **School** **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 need to supply the medications that I want available to my student and that I will follow school procedure, including 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/designated adult does not pick them up by the last day of school.

_____ _____
Parent/ Guardian Signature Date

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STANDING ORDERS FOR Pre/Early K STUDENTS

For pain, discomfort			
	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

A. Vannetta
Physician Signature - Dr. Andrea Vannatta, MD

4/2/24
Date Signed

(Effective for 2024-25 School Year & 2025 Summer Sessions or until revoked in writing.)

Student Name: _____ **Standing order MAR**

Date	Time	Medication	Amount Taken	Reason/ Complaint	Administered By: Signature