

Brooke Krininger, MPH, BSN, RN Health Services Supervisor

Micah Hill, Superintendent

Big Sky
728-2401
Fax 549-4616

Nurse Fax:
329-5975

Hellgate
728-2402
Fax 728-2496

Nurse Fax:
329-5979

Seeley-Swan
677-2224
Fax 677-2949

Sentinel
728-2403
Fax 329-5959

Nurse Fax:
329-5922

Willard
542-4073
Fax 327-6965

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 and treatments require a different form & the signature of your student's health care provider. This includes all prescription, over-the-counter (OTC), and Complementary and Alternative Medicine (CAM). The form is 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 below

medications to _____ / _____
Students Name Date of Birth

Grade _____ My child is allergic to _____.

Parent/ Guardian Signature

Date

Standing Orders for School Nurses—Grades 9-12

Please strike through & initial any medications that your student should not take.

1. Tums (calcium carbonate tablets) May use as directed. 1-3 tablets at a time.
2. Hydrocortisone 1% or 0.5% cream or Caladryl® Apply for minor rash.
3. Acetaminophen (Tylenol) 325mg 1-2 tablets, or **ONE 500 mg** 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 in Health Services
Physician Signature

5/17/2023
Date Signed

(Effective for 2023-2024 & Summer 2024 School Years or until revoked in writing)

Student Name: _____

[illegible]