Mark Thane, Superintendent
215 South Sixth West, Missoula, MT 59801 (406)728-2400

Big Sky	**Hellgate**	**Seeley-Swan**	**Sentinel**	**Willard**
728-2401	728-2402	677-2224	728-2403	542-4073
Fax 549-4616	Fax 728-2496	Fax 677-2949	Fax 329-5959	Fax 327-6965

Nurse Fax: 329-5975

Nurse Fax: 329-5979

Nurse Fax: 329-5922

MISSOULA COUNTY
PUBLIC SCHOOLS

Forward Thinking, High Achieving.

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. (This includes all prescription, over the counter and CAM; Complementary and Alternative Medicine)

        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

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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)

Student Name: _____

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