

**Standing Orders for Medications at BACS**

To be completed by parents

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**MEDICATIONS:**

- 1) Acetaminophen: to be given according to package directions for weight/age as needed for pain, headache etc. May repeat every 4-6 hours. Not to exceed 2 doses during school day.
- 2) Ibuprofen: to be given according to package directions for weight/age as needed for pain, headache etc. May repeat every 4-6 hours. Not to exceed 2 doses during school day.
- 3) Benadryl or generic equivalent: to be given according to package directions for child's age as needed for allergic reaction, itching from poison ivy or swelling from bee sting. May repeat every 4-6 hours. Not to exceed 2 doses during school day.
- 4) Epi-Pen auto-injector: 0.01 mg/kg/dose as needed for acute allergic reaction. Administered only in acute allergic response evidenced by signs of impending anaphylaxis or self-report of ingestion of/contact with life threatening allergens.
- 5) Tums (regular strength): 2-4 chewable tablets to be given for heartburn, sour stomach, acid indigestion or upset stomach associated with these symptoms. May take 1 dose during school day.
- 6) Ludens throat drops: 1 drop to be given as needed for complaint of sore throat. May repeat every hour.
- 7) Hydrocortisone cream 1%: application to affected area as needed for itching associated with minor skin irritations, inflammations, rashes, insect bites/stings and poison ivy. Not to exceed 2 applications during school day.
- 8) Domeboro solution: wet compress or soak to affected area as needed for itching associated with minor skin irritations, inflammation, rashes, insect bites/stings and poison ivy.
- 9) Insect sting swabs: application to affected area as needed for itching associated with insect bite/sting. Not to exceed 2 applications during school day.
- 10) Triple Antibiotic Ointment: application to affected area as needed for minor cuts, scrapes and burns. Not to exceed 1 application during school day.
- 11) Silvadene cream: application to affected area as needed for minor burns. Not to exceed 1 application during school day.

**AUTHORIZATION:**

I have reviewed these Standing Orders. Permission is granted for the School Nurse or other health care providers considered appropriate by her to provide these medications to my son/daughter for minor illness or discomfort.

I have circled and specified "Do Not Give" on any medication that I do not wish my child to have.

I hereby release and hold harmless the Bryn Athyn Church School, it employees, directors, agents and assigns from any liability, claims, demands, actions and/or attorney fees arising from the administration of medication to the above student in accordance with this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_