

**LEWIS S. MILLS/HAR-BUR MIDDLE SCHOOL (Grades 6-12)**

**AUTHORIZATION FOR ADMINISTRATION OF STANDING ORDER MEDICATION**

**SCHOOL YEAR**

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Connecticut State Law requires parental authorization for nurses to administer “Standing Order” medication in school. These are specific medicines that are ordered by the school medical advisor and are administered only when the school nurse considers it necessary.

Name of student: \_\_\_\_\_ Allergies: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Town: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian must authorize which non-prescription medication, approved by our school medical advisor/physician, listed below may be given by checking yes or no next to the name of the medication. If you do not complete this form and return it to the school nurse **NO** medication can/will be given.

<i>Non-prescription medication</i>	<i>Oral Dose</i>	<i>Reason medication to be given</i>	<i>YES</i>	<i>NO</i>
Acetaminophen – 325 mgm. Tabs	1-2 tablets every 4 hours as needed	Pain/elevated fever		
Tums or Rolaids	1-2 tablets every 4 hours	Indigestion		

*These are the only medications covered under this permission form. Prescription medications require a separate form signed by the student’s physician.*

*\*Please DO NOT write in any other medication. All other medication requires signed permission by the students family physician and the parent or guardian. Permission forms are available in the school nurses office.*

*It is the policy of Regional School District #10 to administer Benadryl and/or Epipen (Adrenalin/Epinephrine) in a life-threatening emergency.*

*All medication must be distributed by the nurse and must be taken in the nurse’s office.*

*I hereby grant permission for my child, \_\_\_\_\_, to receive medication as indicated above. The school nurse may administer them to my child in accordance with state regulations and the Standing Orders of the Region #10 Public School.*

**OR**

*I do not give permission for my child, \_\_\_\_\_, to receive medication in school.*

Parent’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This form must be renewed yearly.***



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