

Parent Consent for Standing Orders

Grand Meadow ISD 495, LeRoy/Ostrander ISD 499, Southland ISD 500

Medications/Treatments Provided with Parent Permission

**** THIS PERMISSION IS FOR ONLY THE ITEMS LISTED BELOW (AND MARKED BY THE PARENT) THAT HAS BEEN ORDERED AND AUTHORIZED BY:**

Dr. Shayana Desilva (physician that has approved and signed the orders).

I, _____ Give/Do Not Give permission for my child,
(Print parent/guardian name) (Circle one)

_____ Gr. _____ to receive the following medications or
(Print student name *only one student per form)

Treatment/s during school hours should the need arise. I understand that this consent is ONLY for the items listed and is not a substitute for care under a 'regular family physician or pediatrician'. I also understand that if my child is found to have frequent request or need of a medication or treatment I will be asked to have my child assessed by his or her doctor; if other medication is needed an order from his or her doctor will be needed for school. I understand that I would be required to provide the medication that our doctor may order.

There are first aid items that are use per staff judgment (not to be confused with 'Ordered' Medication or Treatment).

The items that I consent to my child receiving are the items I've checked below:

- _____ Tylenol (Acetaminophen) Regular Strength/Jr./Children's (Chewable Pre-k through 6th grade dose based on weight).
- _____ Benadryl (Diphenhydramine HCL) doses are based on weight.
- _____ Throat Lozenges (Cough drops with or without mentholated ingredient)
- _____ Tums
- _____ Dramamine (age 12 and up for extended field trips)

I _____ understand that only the item/s I have checked above may be given to my son or daughter. If I leave an item/s unchecked they will not receive that item/s. By declining one or all of the above medications that school staff my still call to request my permission on a case by case basis. I also understand that this permission will need to be renewed every school year.

Parent or Legal Guardian (print) _____ Date: _____
Parent or Legal Guardian (signature)

School Year: _____ RN/LSN: _____ Date _____
S.O.P.C./KH/09-06-13IyleDT