

Parent Consent for Standing Orders

Grand Meadow ISD 495, LeRoy/Ostrander ISD 499, Southland ISD 500, Lyle ISD 497

Medications/Treatments Provided with Parent Permission

THIS PERMISSION IS FOR ONLY THE ITEMS LISTED BELOW

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)

_____ D.O.B. _____ 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). See back of form for more information.

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).
- ☐ Motrin (Ibuprofen) 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 and or benzocaine)
- ☐ Tums
- ☐ Fluoride Kindergarten or 1st Grade (beginning age is up to the individual districts) through 6th Grade
- ☐ Dramamine (ages 12 and up for extended field trips)

ALLERGIES TO MEDICATION:

CHECK NO, OR YES AND LIST
☐ NO ALLERGIES

☐ YES! MY CHILD IS ALLERGIC TO THESE MEDICATIONS:

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) Parent or Legal Guardian (signature) Date: _____

Continued Annual Parent Consent/s

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|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Parent Initials | | | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | | | |
| Student Grade | | | | | | | | | | | | | | | |
| RN /LSN | | | | | | | | | | | | | | | |

School Year: _____

RN/LSN: _____ Date _____

Stand Orders Parent Consent S.O.P.C./GMdtKJH 04172019

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ABOUT STANDING ORDERS

Standing orders are provided as a convenience and courtesy, and are not a requirement of law. Each of the above Standing Orders have been ordered by Dr. Shayana Desilva, MCHS, Austin, MN. Each standing order has a protocol that must be followed by school staff before any of the items listed below may be administered to a student. For more information on any of the orders contact the school nurse.

Benadryl (Diphenhydramine)- ORAL -Antihistamine, allergic response

+Anbesol or Chloraseptic Lozenges or Liquid (Benzocaine)- ORAL -Sore throat/mouth pain

+Halls or Vick's Cough Drops (Menthol-lyptus: made from peppermint) – ORAL –Cough suppressant and nasal decongestant.

**Tylenol (Acetaminophen)- Pain Reliever(analgesic), Fever Reducer
(*NOT GIVEN FOLLOWING HEAD INJURY UNTIL ASSESSED BY A DOCTOR*)**

**Motrin (Ibuprofen, NSAIDs)- Pain Reliever (anti-inflammatory), Fever Reducer
(*NOT GIVEN FOLLOWING HEAD INJURY UNTIL ASSESSED BY A DOCTOR*)**

+Dramamine (Diphenhydramine)- ORAL- Anti-nausea

TUMS- (Calcium carbonate) – ORAL- Upset stomach/ indigestion, acid reducer

Fluoride- (Nafrinse) –ORAL- Mouth Rinse and spit- Enamel protection for teeth.

+Age restrictions: Benzocaine Lozenges age 6 and up, Menthol-lyptus Drops age 5 and up, Dramamine age 12 and up.

School Year: _____

RN/LSN: _____ Date _____

Stand Orders Parent Consent S.O.P.C./GMdtKjH 04172019