

Danvers High School Student Data and Standing Order Consent Form

Student name _____ Date of Birth _____

Address _____ Grade _____

Parent/Guardian _____ Home _____

Work _____ Cell _____

Student is currently taking the following medications, please list both prescription and non-prescription: _____

Allergies _____

Standing Order Consent Form

I give permission for the school nurse to administer the following medications to my child according to the established protocols. To the best of my knowledge the above stated child has no allergies or sensitivities to any of the following medications.

- **Acetaminophen (Tylenol)** as needed for minor pain and or fever reduction. 650mg by mouth every 4-6 hours as needed
- **Ibuprofen (Motrin)** as needed for headache, menstrual cramps, and or fever reduction. 400mg by mouth every 6 hours as needed.
- **Calcium Carbonate (Tums)** as needed for temporary relief of acid indigestion and or "heartburn." Chew 2 tablets at onset of symptoms
- **Zyrtec (Cetirizine)** as needed to relieve allergy symptoms of hives and itching related to a progressing allergic reaction. 10mg by mouth x1.
- **Bacitracin** as needed to abrasions, minor lacerations and burns to help prevent infection. Apply to area of concern and cover with sterile bandage.

All other medications require a written order from a licensed prescriber along with written parent/guardian permission.

I give permission for the school nurse to share with appropriate personnel information relative to any health concerns.

Signature:

Date