

Park City Schools

Dan Grabowska, Superintendent  
PO Box 278 Park City, MT 59063 (406) 633-2350

Dear Parents/Guardians,

Park City Public Schools policy requires your consent in order to administer the over-the-counter medications described below. All other medications require the signature of your child's health care provider. (This includes all prescription, over the counter and CAM (Complementary and Alternative Medicine).

I give permission for the school nurse and/or other designee to administer the medications below to

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Students Name Date of Birth Grade

My child is allergic to \_\_\_\_\_.

My child has previously taken Tylenol (acetaminophen)  Yes  No

My child has previously taken Ibuprofen (Motrin or Advil)  Yes  No

I understand that I need to supply the school with liquid or chewable medications as well as medications for field trips if needed. I understand school procedure is that I am to give the medication to the school office in its original container. School personnel will discard the medications supplied at the end of the school year if a parent does not pick them up prior to this.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

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**STANDING ORDERS FOR STUDENTS**

	Acetaminophen (Tylenol) Dose	Ibuprofen (Advil/Motrin) Dose
Kindergarten	<b>1 ½ teaspoon= 7.5 ml=240mg</b> of liquid acetaminophen 160mg/5 ml concentration	<b>1 ½ teaspoon= 7.5 ml= 150mg</b> of liquid ibuprofen 100mg/5 ml concentration
Grades 1-4	<b>One 325 mg tablet</b> OR one 500mg tablet (up to 3 teaspoons/15 ml)	<b>One 200 mg tablet</b> or 2 teaspoons/10 ml
Grades 5-8	<b>Two 325 mg tablets</b> OR one 500mg tablet (3-4 teaspoons/15-20 ml)	<b>Two 200mg tablets</b> or 4 teaspoons/20 ml
Frequency/ max dose	Up to every 4 hours, no more than 1300 mg in any 8 hour period	Once every 8 hours.

- Tums (calcium carbonate) 1-2 tablets chewed, no more than twice per day for minor stomach distress.
- Benadryl (diphenhydramine) 25mg for minor allergic reaction to include swelling at site of sting, and/or hives or itching at area of contact of allergen. The school will notify the parent and school nurse of allergic reaction prior to medication administration when possible.

ON FILE

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date Signed/ (Effective for 2020-2021 School Year)

