Marcus Whitman Central School District
Middlesex Valley Primary School 585-554-3115 x2 Fax 554-6172
Gorham Intermediate School 585-526-6351 x2 Fax 526-4435
Middle/ High School 585-554-6441 x4 Fax 554-4810

Standing Orders Medication Information & Release

Name of Student: _____ DOB: _____

School Year: _____ Grade: _____Weight: _____

Below is a list of medications used in the nurse's office for which we have standing orders from our school Medical Director.

MEDICATION	DOSE	ROUTE	DIRECTIONS	COMMENTS
Tylenol	Per label for age & weight	PO	Q 4hr PRN for pain Or fever	
Ibuprofen	Per label for age & weight	PO	Q 6hr PRN for pain Or fever	
Tums	Per label for age & weight	PO	Q 4hr for upset stomach or heartburn	
Polysporin Ointment	Per label for age & weight	Topical	PRN for treating minor cuts/scrapes	
Hydrocortisone Cream	Per label for age & weight	Topical	PRN for minor skin irritations/insect bites	
Cough Drops				

Please indicate the medication you would want (or not want) our nurses to dispense if needed. Please use the attached form if your student requires prescription medication throughout the day. Thank you for your cooperation in completing this form.

Parent Signature: _____ Date: _____

Doctor Signature: _____ Date: _____