

## **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:					
School Year:		Grade: _	Weight:		
Below is a list of m Medical Director.	edications used in t	he nurse's off	ice for which we have sta	anding orders from our s	school
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	РО	Q 6hr PRN for pain Or fever		
Tums	Per label for age & weight	РО	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					
	f your student requi	•	not want) our nurses to di	•	
Parent Signature:			Date: _		_
Doctor Signature:			Date: _		_