



BRISTOL COUNTY AGRICULTURAL HIGH SCHOOL

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School Nurse
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Standing Order Medication Administration Consent Form

Student Name _____ Date of Birth _____

Parent /Guardian Name _____

Address _____

Telephone: Home _____ Work _____ Cell _____

Is your child on daily medication? Yes _____ No _____

If yes, list medication(s): _____

Condition(s), which require medication: _____

IS YOUR CHILD ALLERGIC TO ANY MEDICATIONS? YES _____ NO _____

If yes, list medication(s): _____

The medications will be administered by a license nurse, or designee. The medication(s) marked will be administered as deemed necessary following an assessment of your child's complaints of illness or discomfort.

Please indicate which medications your child may receive with an "X" by that medication

1. Antipyretic, generic or brand name acetaminophen (i.e Tylenol)
2. Non-Steroidal anti-inflammatory (i.e generic or brand name Ibuprofen)
3. Antacid (Tums)
4. Cough Lozenges
5. Cough Syrup
6. Benadryl
7. First aid Ointments (i.e cortisone, burn jel, bacitracin, neosporin)

I authorize the school nurse, or designees to administer only the medications indicated with an "X" as specified in the standing orders for medication administration .

Parent/Guardian Signature

Date