



Standing Order Non-Prescription Medication Form: 2024-2025 Academic Year

Student Name _____ Year Group _____

Date of Birth _____ Emergency Contact Phone _____

Under Massachusetts Law, the school nurse may only administer non-prescription (Over The Counter) medications under the direction of the School Physician, Dr. Frederick Mandell of Brookline Pediatrics at 1180 Beacon Street, Brookline, MA 2446 OR the student's own healthcare provider.

I hereby give permission to the School Nurse to administer the following Over The Counter medications and preparations listed below that I have checked off in accordance with the directions for use listed on the container.

Acetaminophen/Children's Acetaminophen

Triple Antibiotic Ointment

Ibuprofen/Children's Ibuprofen

Sterile Eyewash

Benadryl/Diphenhydramine

Hydrocortisone Ointment/Cream 1%

Insect Sting Relief

Claritin/Children's Claritin (Loratadine)

Calcium Carbonate/Tums

Burn gel with Lidocaine

First Aid Spray

Zyrtec/Children's Zyrtec (Cetirizine)

Cough Drops (MS & HS Only)

By signing below, you give permission for the School Nurse to administer the above indicated non-prescription medications to your above listed child at the British International School of Boston.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ Date _____

416 Pond Street, Boston, MA, 02130, USA 617-522-2261 admissions@bisboston.org bisboston.org