



**Standing Order Non-Prescription Medication Form: 2023-24 School Year**

Student Name \_\_\_\_\_ Year \_\_\_\_\_

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.**

- |   |  |
|---|--|
| <input type="checkbox"/> Acetaminophen/Children's Acetaminophen | <input type="checkbox"/> Triple Antibiotic Ointment                |
| <input type="checkbox"/> Ibuprofen/Childrens Ibuprofen          | <input type="checkbox"/> Sterile Eyewash                           |
| <input type="checkbox"/> Benadryl/Diphehydramine                | <input type="checkbox"/> Hydrocortisone Ointment/Cream 1%          |
| <input type="checkbox"/> Cough drops                            | <input type="checkbox"/> Insect Sting Relief                       |
| <input type="checkbox"/> Calcium Carbonate/Tums                 | <input type="checkbox"/> Claritin/Children's Claritin (Loratidine) |
| <input type="checkbox"/> Zyrtec/Children's Zyrtec (Cetirizine)  | <input type="checkbox"/> Burn gel with Lidocaine                   |
| <input type="checkbox"/> First Aid Spray                        | <input type="checkbox"/> Vicks Vapo Rub                            |

**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 \_\_\_\_\_