

Standing Order

OVER-THE-COUNTER MEDICATION

Parent's Request to have Over-the-Counter Medication
Administered by Wadsworth Band Parent Chaperones to
Wadsworth High Band Students during the 2011-12 School Year

For: _____
(Student's Name) (Date of Birth)

I do not wish to have any over the counter medications administered to my child without contacting a parent/guardian for permission.

Signature of Parent/Guardian _____ Date _____

OR

Please check the box of any or all "over the counter" oral medications which can be administered to your child during the times that your child is accompanied by band parent chaperones.

- Acetaminophen (Tylenol) - 1-2 tablets every 4 to 6 hours as need for headache or pain not to exceed 4 grams of Acetaminophen per 24 hours.
- Ibuprofen (Motrin) - 1-2 tablets every 6 hours as needed for pain, not to exceed 8 tablets per 24 hours
- Diphenhydramine (Benedryl) - 1-2 tablets every 6 hours as need for allergic reaction not to exceed 8 tablets per 24 hours
- Calcium carbonate tablets (TUMS) - 1-2 tablets every 4-6 hours as need for indigestion not to exceed 8 tablets per 24 hours
- Meclizine 25mg - 1 tablet once a day as needed for dizziness or nausea/vomiting

INITIAL THE FOLLOWING

- _____ I request the above "over the counter" oral medications be administered to my child.
- _____ I understand that the band booster chaperones are not legally obligated to administer oral medications to any child and, therefore I agree to hold the school district and the Wadsworth Band Booster's and chaperones free from any and all responsibility for the results of such medication or the manner in which it is administered and to indemnify each of them against loss by reason of any civil judgment arising out of these arrangements which may be rendered against them.
- _____ A doctor's prescription is necessary to administer a dosage that differs from what is recommended on the medication bottle/package instruction.

Signature of Parent/Guardian _____ Date _____