



**South Windsor Public Schools**  
 1737 Main Street · South Windsor, CT 06074  
 Phone: (860) 291-1200 · www.southwindsorschools.org

**VALID FOR: 2023-2024 SCHOOL YEAR**

**PARENTAL PERMISSION FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION  
PER STANDING ORDERS FROM DISTRICT MEDICAL ADVISOR**

South Windsor Public Schools has standing orders from our district medical advisor for the administration of some medications for students if we have written permission from the student's parent/guardian. If you wish to allow your child to have access to the following orders, please complete this form and return it to your school nurse(s).

<b>Student Last Name, First Name</b>	<b>Date of Birth</b>
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<b>School:</b> <input type="checkbox"/> ET <input type="checkbox"/> OH <input type="checkbox"/> PRS <input type="checkbox"/> PV <input type="checkbox"/> TEMS <input type="checkbox"/> SWHS	<b>Grade:</b>
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Please **initial** next to any of the following orders that you would like your student to have available during the school day.

Parent Initials	<b>Acetaminophen</b> (non aspirin pain reliever) may be administered to student with written parental authorization for the relief of a headache without fever, menstrual or orthodontic pain, by and at the discretion of the school nurse, using professional judgment. *Dosages to be age and/or size appropriate.
Parent Initials	<b>Ibuprofen</b> (Advil, Motrin) <u>sent in by a parent/guardian</u> may be administered to student with written parental authorization for the relief of menstrual or orthodontic pain, by and at the discretion of the school nurse, using professional judgment. Dosage: _____
Parent Initials	<b>Sunscreen</b> <u>sent in by parents/guardians</u> may be applied by the school nurse.
Parent Initials	<b>Insect Repellent</b> <u>sent in by parents/guardians</u> may be applied by the school nurse.
Parent Initials	<b>Cough Drops</b> <u>sent in by parents/guardians</u> may be used by students.

I understand that any medications/ items sent in from home must be in the original, properly labeled, sealed container, and item(s) will be destroyed if not picked up within one week beyond the close of school. All medications must be brought in and picked up by a legally responsible adult.

I give permission for the exchange of information between the prescriber and the school nurse necessary to ensure the safe administration of the above mentioned medications/items.

\_\_\_\_\_  
 Parent/Guardian Signature Date

\_\_\_\_\_  
 Printed Name Daytime Phone Number

**Please return this form to the nurse's office at your child's school. Fax numbers are provided below for your convenience:**

<b>Eli Terry:</b> 860-644-4076	<b>Orchard Hill:</b> 860-644-2603	<b>Philip R. Smith:</b> 860-644-4027	<b>Pleasant Valley:</b> 860-282-2287
<b>TEMS:</b> 860-474-1580	<b>SWHS:</b> 860-474-1495	<b>District:</b> 860-291-1291	