



Bethlehem Area School District  
Standing Medication Order Parent Consent

Dear Parents/Guardians:

The Pennsylvania school health guidelines and the State Board of Nursing in Pennsylvania require written orders from a physician or nurse practitioner for a student to receive any medication in school. This includes all over-the-counter medications.

To help students with common complaints and minor injuries a standing order has been obtained. This means that a school physician wrote an order for school students to receive selected medications within the following guidelines. To comply with BASD policy, written parental permission is required. This form must be signed and returned to the school. Please note this authorization is valid for the current school year and **MUST** be completed each year.

- Written approval will be required from the parent.
- No medication will be given more than two times during the school day.
- The nurse reserves the right to refuse to dispense medication at any time based on the assessment of the situation and every effort will be made to notify parents of this situation (i.e. repeated requests or overuse).

**I have read the standing order guidelines and I agree my student may receive these medications at school during the school day. If my student may not receive one of these medications, I have crossed that medication out. My student is not allergic to these medications.**

- Bacitracin for open wounds (cuts, blisters, and abrasions etc).
- Burn spray or gel to minor burns.
- Caladryl (anti-itch lotion) applied sparingly to bug bites and poison ivy rashes.
- Sting Swabs applied to insect bites/stings.
- Anbesol for toothaches, gum pain and mouth sores.
- Throat Spray (Chloraseptic) 3 sprays for sore throat.
- Throat Lozenges 1 lozenge for cough or throat irritation.

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Student Name

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Grade

I do hereby release, discharge and hold harmless Bethlehem Area School District, its agents and employees from any and all liability and claims whatsoever in connection with the administration of the above medication to my child. Medication will not be sent on field trips unless specific arrangements have been made.

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Parent Signature

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Date

Rev. 01/2012