

Barrington 220, 310 E. James Street, Barrington, IL 60010
REQUEST FOR THE ADMINISTRATION OF MEDICATION(S)
PER STANDING ORDERS FOR FIFTH GRADE ENVIRONMENTAL EDUCATION ONLY

To Parents/Guardians:

Standing Orders for Acetaminophen (i.e. Tylenol), Ibuprofen (i.e. Advil), and Diphenhydramine (i.e. Benadryl) have been approved for use under the supervision of the registered nurse. Dosage will be calculated according to the child's age and weight.

Name of Student (*print*) _____

Date of Birth _____ Weight in pounds: _____

Under the supervision of the registered nurse, my child/ward has my permission to take the following medication(s) as needed, during the environmental education trip.

Check all that apply:

- _____ Acetaminophen (i.e. Tylenol or other brand)
Dosage appropriate for age/weight
- _____ Ibuprofen (i.e. Advil or other brand)
Dosage appropriate for age/weight
- _____ Diphenhydramine (i.e. Benadryl or other brand)
Dosage appropriate for age/weight

In accordance with District 220's medication policy, I authorize the nurse to provide for my child/ward Acetaminophen, Ibuprofen or Diphenhydramine (as noted above) according to the appropriate dosage for age and weight. I agree to indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or attempts at administration of said medication. In addition, I completely release Community Unit School District 220 and its employees and agents of any liability or obligation of any nature in any way related.

Parent Signature _____ Date _____

In the event any of the above medications are given, please notify me as soon as possible.
 Daytime # _____ Evening # _____

Date	Time	Medication/Dose	Complaint	Initials

RN Signature & Initials: _____