

## Student Emergency/Health Clinic Standing Orders

**Student's Name:**

\_\_\_\_\_ Goes by: \_\_\_\_\_ Grade: \_\_\_\_\_  
 (Last) (First) (MI)

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Male**  **Female**  **Shirt Size:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Child lives with:**  Both Parents  Father  Mother **May both parents pick up child? Yes**  **No**

**Person(s) Authorized to pick up student:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_

**Emergency Contacts. If parents cannot be reached in the event of an emergency, please list contacts for your child:**

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

**Does your child have any?**  Allergies  Medical Conditions. If yes, please explain: \_\_\_\_\_

If my child has one of the following medical conditions, I realize that if any of these are marked, I will receive the appropriate Action Care Plan from the school nurse that needs to be completed and returned to have on file in the clinic:

Asthma  Diabetes  Food, Medication or Latex Allergy  Seizures  ADD/ADHD  Other, please explain

### Approved Nurse Initiated Protocol

**Allergies** – mild symptoms (runny nose, congestion, sneezing). Clairitin or Zyrtec per manufacturer's guidelines.

**Anaphylactic reaction** – epi-pen administration, call 911, parent contacted.

**Breathing difficulties** – children will be given their prescribed medications or a parent will be called to pick the child up, call 911 for emergency.

**Cough** – cough drops, Children's Deisym cough syrup per manufacturer's guidelines.

**Dental issues** – baby teeth will only be removed if ready, child will be given a treasure chest and a certificate: Orajel or Kanka for tooth/gum pain per manufacturer's guidelines.

**General Wound Care** – cleanse wound with soap and water if able or Neosporin foam, apply Neosporin (if no allergy) and a bandaid.

**Headaches or generalized pain** – Tylenol (acetaminophen) or Motrin (Ibuprofen) per manufacturer's guidelines.

**Itching** – hydrocortisone cream, Benadryl cream or spray

**Nausea, upset stomach, stomach ache** – TUMS or Children's Pepto Bismal per manufacturer's guidelines. (If your child vomits at school, a parent will be contacted to pick them up).

**Strains, sprains, bumps, bruises** – ice pack, ACE wrap, splints as needed.

**Fever** – 100.5° is considered a fever. Students are required to have a temperature of less than 100.5° for 24 hours without medication prior to returning to school.

Detailed notes of your child's visit to the Health Clinic will be entered in Sycamore under your student's profile. Parents will be notified of medication administration.

I give my consent for any of the treatment listed above. Please list any exceptions: \_\_\_\_\_

I do **NOT** give my consent for **ANY** of the treatment outlined.

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

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