



Health Form Part III (Medical Considerations)
Completed and Signed by Parent/Guardian

Student's Last Name First Name Middle Date of Birth Grade RESIDENT DAY

Table with 6 columns: NAME, DOSAGE, ROUTE, FREQUENCY, BEGIN (DATE), END (DATE). Title: Medications brought to school to be administered on a regular basis, or as needed by the clinic.

Emergency medication (asthma inhaler, epi-pen, etc.)
If this medication needs to be kept "on person," please seek approval from the Dean of Students, 228-467-9057 x 247.

PRESCRIPTION INSURANCE

BIN: Rx ID#: Rx Group: Rx PCN: Allergies:

MEDICATION AUTHORIZATION (CHECK ONE)

I authorize the school principal or his designee to assign unlicensed school personnel who have completed the Mississippi Board of Nursing Assisted Self Administration Curriculum the task of assisting my child in taking the above medication.
Before any medication is administered to my child by non-nursing personnel, I request that I, be called to the school to administer the above medications to my child.

VACCINES

The Mississippi Health Department visits the school to administer flu and menactra (meningococcal) vaccines. The flu shot is annual; the menactra shot is one time only. Both are recommended. Complete Information and forms are posted on the school website (click Parents—Health Forms). Make checks out to Mississippi Department of Health.
I have included an application and payment for the flu shot. I have included an application and payment for the menactra shot.
I decline menactra and flu vaccines given to my son at school.

Health Form Part IV (Standing Orders)

Completed and Signed by Parent/Guardian

In order to better care for our students quickly and efficiently and without having to disturb parents for normal or minor incidents, St. Stanislaus offers students' parents the opportunity to leave some standing orders for the medical care of their son(s). Such care will include, but will not necessarily be limited to, the distribution of over-the-counter (OTC) medications.

St. Stanislaus has my permission to administer the following over-the-counter (OTC) medications should my son's condition require it.

Cough/ Sore Throat

- Cough drops
Robitussin
Sore throat lozenges

Ear irritation

- Swim-Ear

Nasal/Sinus Congestion

- Phenylephrine (Sudafed PE)
Benadryl liquid/capsules
Loratadine

Pain / Swelling/ Fever/ Muscle Aches

- Acetaminophen
Ibuprofen
Aleve

Skin Cuts/Scrapes/Abrasions

- Bacitracin
Neosporin/Polysporin

Skin Irritation

- Calamine Lotion
Benadryl Cream/ Capsules

Stomach Upset

- Pepto Bismol for children > 12 years of age and not for children recovering from chicken pox or flu like symptoms
Gas X
Tums or a similar antacid
Immodium

- All medications are strictly used according to package instructions based on student's age, weight, and symptoms.
Generic equivalents may be used.

I authorize the SSC Clinic Staff to administer to my son/ward OTC medications from the list above, as needed and directed for the 2017-2018 school year.

I exclude the following medications from this authorization:

My son is allergic to the following medications:

SSC Health Clinic (228) 467-9057 ext. 282

Parent's Signature Date (must be AFTER May 20, 2017)