

ANGELICA INFANTE-GREEN
Commissioner

Dr. Javier Montanez
Interim Superintendent



Providence Public School District
Health Office
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STANDING ORDERS Rev. 7-21

Dear Parent/Guardian:

In the event that your child complains of a minor illness, (i.e. headache, stomach ache, cough or cold symptoms, sore throat, menstrual cramps or minor aches and pains) during the school day, there is a list of "over the counter medications" that may be administered to your child by the School Nurse-Teacher.

Please check all the medications that you would like your child to receive in the event of a minor illness:

- | | |
|--|---|
| <input type="checkbox"/> Advil (headaches, aches and pains) | <input type="checkbox"/> Robitussin DM |
| <input type="checkbox"/> Anbesol/Orajel (tooth aches) | <input type="checkbox"/> Roloids/Tums (stomach aches) |
| <input type="checkbox"/> Benadryl (anaphylaxis only) | <input type="checkbox"/> Tylenol (headaches, aches and pains) |
| <input type="checkbox"/> Chlorisepctic Throat Spray | <input type="checkbox"/> Visine Eye Drops |
| <input type="checkbox"/> Pepto-Bismol (diarrhea-stomach aches) | <input type="checkbox"/> Hydrocortisone Cream 1% |

Child's name _____

Home Telephone number _____

School _____

Allergies: _____

Medical Problems: _____

Medications Taken: _____

Other information regarding your child that you would like the School Nurse-teacher to know:

YES, administer "over the counter medications" to my child if needed during the school day.

NO, do not administer any "over the counter medications" to my child during the school day.

Parent/Guardian Signature

Date

Very truly yours,

Anthony J. Alario, MD
Physician/Consultant

Yes, you may share with teachers

No, keep confidential