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**STANDING ORDERS** Rev. 7-16

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"/> Ibuprofen (Motrin/Advil) (headaches, aches and pains) | <input type="checkbox"/> Robitussin DM                        |
| <input type="checkbox"/> Anbesol/Orajel (tooth aches)                          | <input type="checkbox"/> Tums (nausea)                        |
| <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 Nathanael Greene Middle 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**