BEALS SCHOOL DEPARTMENT

NEPN/NSBA FILE: JLCD E-1

HEALTH OFFICE STANDING ORDERS

To be updated and signed annually by the district school health advisor.

The following over-the-counter (OTC) medications may be stocked and utilized for standard first aid treatment in the school health office when no known allergy exists to the product.

1. Moisturizing unscented lotion, and soaps for chapped and dry skin
2. Petroleum based jelly for chapped lips
3. Antibiotic ointment for minor breaks in skin integrity, per discretion
4. Calamine lotion or hydrocortisone cream 1% for minor itching or insect bites.
5. Sterile isotonic eyewash or eye drops for eye irrigation or minor eye irritation

The following over-the-counter medication may only be administered with written permission from parent/guardian:

6. Cough drops
7. Agent for minor dental or oral irritation (Orajel, Anbesol)
8. Acetaminophen 325 mg in tablet, chewable tab or suspension form, based on age, every 4 hours as needed for discomfort or fever
9. Ibuprofen 200 mg tab, chewable tab or suspension form based on age, every 6 hours as needed for discomfort or fever
10. Calcium carbonate 500 mg 1-2 tablets as needed for minor gastrointestinal distress
11. Glucose gel or glucose tablets 4 grams as needed for hypoglycemia
12. Diphenhydramine 12.5-50 mg based on age for mild allergic reactions.

All medications may be given in generic equivalent. Dose of medications will be based on age or weight recommendations from medication packaging.

School Health Advisor _____

Date _____

DATE ADOPTED: October 6, 2026

TO REPLACE POLICY JLCD E-1, REVISED OCTOBER 29, 2026

INFORMED CONSENT FORM FOR MEDICATION

Beals Elementary School

24 Mill Pond Road

Beals, Maine 04611

207-497-5449

It is necessary for my son/daughter to receive medication during school hours. I am aware that non-medical (or unlicensed) personnel will be administering the medication.

I have read the Base Protocol for Medication in policy JLCD and have provided written instructions from the family physician and all required information.

Information regarding my child's medication may be shared with appropriate school personnel.

I understand that this consent is valid for the current school year only.

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Parent(s)/Guardian(s)

_____

Date

DATE ADOPTED: October 6, 2026

DATE REVISED: November 3, 2026