



## CCA Standing Orders

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies: \_\_\_\_\_ Weight: \_\_\_\_\_

The following OTC medication (s) is/are authorized to be administered by the CCA school nurse to \_\_\_\_\_. Campus II students are authorized to self-administer under supervision.

*Please line through OTC medication(s) not authorized to be administered.  
Specify medication name, dose and route.*

Acetaminophen:

Ibuprofen:

Anti-histamine:

Cold Medicine:

Other:

Other:

Neosporin

Sunscreen

Cough Drops

Prescriber's Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Prescriber's (Provider's) Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian, please read the following and initial; sign at the bottom:

I give permission for my child to be administered the OTC medications authorized by his/her medical provider. \_\_\_\_\_

- I understand that Calvary Christian Academy may not be held liable for reactions to medications, when administered per Medical Provider's Order or label directions. Initial\_\_\_\_\_
- I authorize Calvary Christian Academy to administer medications to my child for symptoms listed on medication label. **Please note: students at Campus II self-administer medications with supervision; nursing staff will administer medications to students at Campus I.** Initial\_\_\_\_\_
- I understand that **CCA does NOT supply ANY medications.** It is my responsibility to supply any medications (labeled with child's name and in the original containers) to be administered to my child. Initial \_\_\_\_\_
- I understand medication labels will be utilized for dosage determination unless a medical provider's order states differently but is within an acceptable dose. Initial \_\_\_\_\_

Parent/Guardian Signature and Initials: \_\_\_\_\_/\_\_\_\_\_