Calvary Christian Academy
Standing Orders for Over-the-Counter (OTC) Medications
School Year: 2026–2027

Student Name: _____DOB: _____ Age: _____ Date: _____

Weight (if < 88 lbs) _____ lbs Allergies: _____

General Parameters

• Parent/guardian signature authorizes the school nurse to administer the selected medications.
• All medications will be administered by the school nurse in accordance with Delaware DOE Regulation 817 and DE Board of Nursing guidelines.
• Medications not listed below cannot be administered without a separate provider order.
• Cough drops and sunscreen must be provided by the parent/guardian.
• For students <40 kg (88 lb), medications will be dosed according to weight-based guidelines (mg/kg). Manufacturer labeling (package insert) may be used to guide safe administration and measurement; however, dosing will remain within the ranges and maximum limits outlined in this policy.

Medications and Dosing: Parent/Guardian – please check OTC medications you authorize to be given

☐ Acetaminophen (Tylenol)
• <12 years OR <40 kg (88 lb): 10–15 mg/kg per dose PO every 4–6 hrs PRN (max 5 doses/24 hrs).
• ≥12 years OR ≥40 kg: 325–650 mg PO every 4–6 hrs PRN (max 3,000 mg/24 hrs).

☐ Ibuprofen (Motrin, Advil)
• 6 months–11 years OR <40 kg: 5–10 mg/kg per dose PO every 6–8 hrs PRN (max 40 mg/kg/day).
• ≥12 years OR ≥40 kg: 200–400 mg PO every 6–8 hrs PRN (max 1,200 mg/24 hrs OTC).

☐ Diphenhydramine (Benadryl) – for mild allergic reaction only
• <12 years: 1 mg/kg/dose PO every 6 hrs PRN (max 25 mg/dose).
• ≥12 years: 25–50 mg PO every 6 hrs PRN (max 300 mg/24 hrs).

☐ Calcium Carbonate (Tums) – for heartburn/indigestion
• <12 years OR <40 kg: **Not Available**
• ≥12 years OR ≥40 kg: 500–1,000 mg PO PRN; may repeat every 2–4 hours as needed (max 3,000 mg/day).

☐ Hydrocortisone 1% cream – apply to minor skin irritation or insect bites per nurse's discretion.

☐ Bacitracin or triple antibiotic ointment – apply to minor cuts/abrasions per nurse's discretion.

☐ Cough drops (**parent/guardian supplied**) – for sore throat/cough (not for children <6 years); may use every 2 hours as needed per nurse's discretion.

☐ Sunscreen (**parent/guardian supplied**) – may be applied every 2 hours as needed for sun protection.

Parent/Guardian Name: _____ Signature: _____

Comments: _____