



Circle of Seasons Charter School

A member of the Alliance for Public Waldorf

Circle of Seasons Standing Medication Order Parent Consent

Dear Parents/Guardians,

The Pennsylvania school health guidelines and the State Board of Nursing in Pennsylvania require written orders from a physician or nurse practitioner for a student to receive any medication in school. This includes all over-the-counter medications.

To help students with common complaints and minor injuries a standing order has been obtained. This means that a school physician wrote an order for school students to receive selected medications within the following guidelines. To comply with COS policy, written parental permission is required. This form must be signed and returned to the school. Please note this authorization is valid for the current school year and MUST be completed each year.

- Written approval will be required from the parent.
- No medication will be given more than two times during the school day.
- The nurse reserves the right to refuse to dispense medication at any time based on the assessment of the situation and every effort will be made to notify parents of this situation (i.e. repeated requests or overuse).

Please place a checkmark next to each item that you agree your child may have administered to them during school hours:

- ☐ Bacitracin for open wounds (cuts, blisters, and abrasions etc).
- ☐ Caladryl clear for rashes/skin irritation.
- ☐ Burn cream/spray for minor burns.
- ☐ Anti-Sting Swabs applied to insect bites/stings.
- ☐ Anbesol for toothaches, gum pain and mouth sores.
- ☐ Benadryl for minor allergic reactions.
- ☐ Cough drops as needed.

I do hereby release, discharge and hold harmless Circle of Seasons Charter School, and its agents and employees from any and all liability and claims whatsoever in connection with the administration of the above medication to my child. Medication will not be sent on field trips unless specific approval has been received.

Parent Signature _____ Date _____

Student Name _____ Grade _____

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