Dear Parents:

For this school year, 2019-2020, our medical advisor, Sam Streit, DO, has provided a standing order which allows for the administration of Regular Strength TYLENOL/ACETAMINOPHEN (325 mg) tablets or IBUPROFEN (200mg) tablets. This standing order pertains ONLY to the students in Great Oak Middle School and Oxford High School and is to be used in the case of a minor headache, cold symptoms, fever, orthodontic discomfort, menstrual discomfort and/or muscle cramps.

Sam Streit DO, has also provided a standing order which allows for the administration of regular strength Tums/antacid one or two tablets as directed for the relief of stomach upset or indigestion.

This order in no way changes the general medication administration policy of the Oxford School District. NO MEDICATION, PRESCRIPTION OR OVER-THE-COUNTER MAY BE ADMINISTERED WITHOUT A SIGNED DOCTORS ORDER AND PARENT CONSENT.

Please complete the form below, sign and have your son/daughter return the entire form to school. No medication can be administered without your written consent. These forms will be kept on file in the Health Office for reference.

Shelley Blake RN 203-888-5218
Jodi Zaleha BSN 203-881-5251 x149

Great Oak Middle School/Oxford High School 2019 - 2020 School Year

The Great Oak Middle School/ Oxford High School nurse has permission to administer to my child (please check all that apply) in keeping with the school's standing order as given by Dr. Sam Streit, medical advisor.

<table>
<thead>
<tr>
<th>TYLENOL / ACETAMINOPHEN (325 mg)</th>
<th>TYLENOL / ACETAMINOPHEN (325 mg)</th>
<th>IBUPROFEN (200 mg)</th>
<th>IBUPROFEN (200 mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 1 tablet</td>
<td>- 2 tablets</td>
<td>- 1 tablet</td>
<td>- 2 tablets</td>
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</table>

Tums/Antacid - 1 tablet ___
Tums/Antacid - 2 tablets ___

__________________________________________________________
Student Name (Please Print)

__________________________________________________________
Parent/Guardian Signature

________________________
Grade

________________________
Date