



## Valley Day School

300 Allendale Drive • Morrisville, PA 19067  
215-295-1155 • Fax: 215-295-5660

*Robert E. Phillips, Ed.D*  
*Executive Director*

*Michelle Howell*  
*Education Director*

---

To: Parents/Guardians  
From: VDS Health Office, Alice Liberatore  
RE: 2022-2023 School Year

Below is a listing of the Standard Order that was issued for non-prescription medication and first-aid treatments for VDS students. If you want your child to receive the following items, as needed, please return the permission slip for each child you have attending Valley Day School with a physician's signature to the school's health office. **If you have any questions please contact the health office at 215-295-1155 ext.106.**

### **LIST OF STANDING ORDERS**

Benadryl – for severe allergic reactions (q 6-8 hours): (also may be given on field trips)  
Elixir (12.5 mg/5cc) 1-2 tsp. (5-12 years)  
Capsule (25 mg) 1-2 capsules (over 12 years)

Glucose Gel (15 gm) for severe hypoglycemic reaction  
Entire contents of the tube should be placed in the buccal cavity as far back as possible without going into the throat, where it could be aspirated.

#### Acetaminophen(Tylenol)

Liquid (160mg/5cc): q 4-6 hours  
4-5 years - 1 ½ tsp.  
6-8 years - 2 tsp.  
9-10 years - 2 ½ tsp.  
11-12 years - 3 tsp.  
Chewable tablets (80mg tablet): q 4-6 hours  
4-5 years - 3 tablets  
6-8 years - 4 tablets  
9-10 years - 5 tablets  
11-12 years - 6 tablets  
Tablets (325mg tablet): q 4-6 hours  
6-9 years - 1 tablet  
10 years & older - 1-2 tablets

Ibuprofen for menstrual cramps, muscle aches, cold symptoms, headaches & toothaches – use smallest effective dose. **Do not administer if the student is allergic to aspirin.**

- Tablets (200mg tablet ): q 4-6 hours
  - 6-11 years - 1 tablet
  - 12 years or older - 1-2 tablets
- Liquid (100mg/5cc): q 6-8 hours
  - 4-5 years - 1 ½ tsp.
  - 6-8 years - 2 tsp.
  - 9-10 years - 2 ½ tsp.
  - 11 years - 3 tsp.

Antacid (Mylanta or Pepto) for indigestion & heartburn

- Liquid - (q 4-6 hours)
  - 12 years & older - 1-2 tablespoons
- Tablets - (q 4-6 hours)
  - 5-6 years - 1 tablet (children's Pepto only)
  - 6-12 years - 1-2 tablets (children's Pepto only)
  - 12 years & older - 2 tablets (Mylanta or Pepto)

Ammonia Inhalants hold under nose for fainting or dizziness

Anbesol apply topically to mouth, lips for temporary pain relief

Bactine use to cleanse wounds

Hydrogen Peroxide use to cleanse wounds (make sure solution is viable)

First Aid Cream or Neosporin Ointment to be used for skin abrasions, cuts, burns & blisters to affected area after cleansing & before applying a bandage.

Caladryl or Calamine Lotions apply to skin for localized itching

Benadryl Cream apply to skin for localized itching

Bandaid Anti-itch gel apply to skin for localized itching

Bicarbonate of Soda, meat tenderizer, or Sting Kill wipes apply to skin for insect bites

Collyrium Fresh Eye Wash (or equivalent) to soothe & refresh irritated eyes, loosen foreign material, and emergency flushing of chemicals.

Normal Saline Solution use to irrigate eyes

Salt Water Gargle (1/4 tsp. salt in 8 oz. of water) for sore throat

Vaseline apply to chapped lips

\*\*\*\*\*

**-Keep pages 1 & 2 for your records**

**-Sign, date & return page 3 to the Main Office**

**Thank you!**

**The Valley Day School has your permission to carry out the above Standing Order for:**

Student full Name: (print) \_\_\_\_\_ Homeroom: \_\_\_\_\_

Parent/Legal Guardian: (print) \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**To Be Completed By Physician**

Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician Name: (print) \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician License Number: \_\_\_\_\_