The Village Green Virtual Charter School
135 Weybosset Street
Providence, RI 02903
Phone (401) 831-2878 Fax (401) 633-6199

STANDING ORDERS

Dear Parent/Contact:

In the event that your child complains of a minor illness, (i.e. headache, stomachache, cough or cold symptoms, sore throat, menstrual cramps or minor aches and pains) during the school day, there is a list of "**over the counter medications"** that may be administered to your child by the School Nurse-Teacher.

Please check all the medications that you would like your child to receive in the event of a minor illness:

_____ Advil (headaches, aches and pains)
_____ Anbesol/Orajel (tooth aches)
_____ Non-Drossy allergies
_____ Visine Eye Drops
_____ Rolaids/Tums (stomach aches)
_____ Tylenol (headaches, aches and pains)

Child's name _____

Home Telephone number _____

Sending School _____

Allergies: _____

Medical Problems: _____

Medications Taken: _____

Other information regarding your child that you would like the School Nurse-teacher to know:

_____

_____

_____ **YES**, administer "**over the counter medications"** to my child if needed during the school day.

_____ **NO**, do not administer any "**over the counter medications"** to my child during the school day.

_____ _____
Parent/Contact Signature Date

_____ **Yes, you may share with teachers**
_____ **No, keep confidential**

NOTE: This form needs to be completed "every school year" for every student.