



SANTA FE INDIAN SCHOOL

Department of Student Wellness

Santa Fe Indian School

School Health Center

**** TEAR THIS COVER OFF AND KEEP FOR YOUR RECORDS ****

This packet is for the Santa Fe Indian School *Health Center* (School Nurses Office). We require these documents to be updated annually.

School Health Center Services:

- Nursing assessment and triage for student illness and injury.
- Referrals
- Provide some over the counter medications with (parental consent)
- Prescription medication administration (ONLY WITH A CURRENT MEDICATION AUTHORIZATION FORM SIGNED BY PRECRIBING PHYSICIAN ON FILE)
- Communication with parents/guardians about student health needs.
- Confidential health services (parental consent not required):
 - STD Prevention
 - Pregnancy Testing
 - Contraceptive
 - Drop-In counseling services

School Health Center 505-216-7418



1501 Cerrillos Rd.

Santa Fe, NM 87505

(505) 216-7418 phone

(505) 989-6341 Fax#

SFIS “OVER THE COUNTER” (OTC) MEDICATION CONSENT and STANDING ORDERS FORM

By signing below, I authorize Santa Fe Indian School (SFIS) Health Center and Student Living staff, to administer the OTC medications below, by checking “yes” next to each medication consenting to.

Medication Name/Brand Name/Purpose:	Yes	No
Acetaminophen (Tylenol) as directed for pain/fever		
Ibuprofen (Advil, Motrin) as directed for pain/fever		
Diphenhydramine (Benadryl) as directed for allergies/allergic reaction		
Loratadine (Claritin/Loradamed) as directed for allergies		
ColdRelief (Acetaminophen/Dextromethorphan/Guaifenesin/Phenylephrine) as directed for cold symptoms		
Calcium Carbonate (Tums) as directed for heartburn/sour stomach		
Purified water eye drops (Salinaax Eye Wash) as directed for eye irritation		
Triple Antibiotic Ointment as directed for minor cuts or abrasions		
Cough Drops as directed for cough or mild throat irritation		
Hydrocortisone Cream as directed for minor skin irritation/relief		
Oral Gel Pain Relief (Benzocaine) as directed for toothache/canker sores/gum pain		
Clotrimazole Cream (as directed) for fungal infections		

Name of student _____ D.O.B. _____

Parent/Guardian signature _____ Date _____

Parent contact# _____