



Release Form for Over the Counter Medication

Name of Student _____ Grade _____

School Year _____

I hereby request and give school personnel the right to oversee administering the following over the counter (OTC) medication(s). I authorize the right to administer the following medication(s) if needed to my child during the school day.

_____ Acetaminophen/Tylenol (dose recommended **PER AGE** on bottle)

_____ Ibuprofen/Motrin (dose recommended **PER AGE** on bottle)

_____ Neosporin Cream

_____ Anti-Itch Cream

_____ Cough Drops

_____ Other (**Provided by Family**) *Note that some OTC medications may still

Require a physician's signature to be administered at school and are

Subject to a prescription medication release forms, such as certain

Cough and cold medicines. The school reserves the right to determine

Which medications require a physician's order.

_____ Please **DO NOT** administer **ANY** of the OTC medication without speaking
To a parent first.

_____ Please call **BEFORE** administering Tylenol or Motrin

_____ Other (please specify)

In consideration of the overseeing and administration of the above OTC medication(s) for my child/ren herein described, I hereby release, discharge and indemnify the Diocese of Toledo, St. Louis Catholic School and school personnel from all claims, demands, actions, judgments and executions which may arise from the overseeing/administration of the OTC medications. I (we) agree to notify the school immediately if there is any change in the above treatment regimen and will provide the school with a new form. None of the above medications will be administered without a parent/guardian signature. All medications will be available in the school office. The undersigned have read this form and understand all of its terms.

Parent/Guardian Signature _____ Date _____