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 recommender **PER AGE** on bottle)
_____ Ibuprofen/Motrin (dose recommender **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 given at school and are subject to a prescription medication release form. For example, some cough and cold medications and antihistamine would still require a physician's signature. The school reserves the right to determine which OTC medications may still require a physician's order.**

_____ Please **DO NOT** administer **ANY** of these medications without speaking to a parent first.
_____ Please call before administering Tylenol or Motrin
_____ Other (please specify) _____
_____
_____

In consideration from the overseeing and administration of the above OTC medication for my child, I hereby release, discharge and indemnify the Diocese of Toledo Catholic/Private Schools, St. Aloysius school and the school personnel in overseeing and administration of the above OTC medication herein described from all claims, demands, actions, judgements and executions which may arise from the overseeing or administration of the OTC medication. 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 are to be administered without parent/guardian signature. All medications will be available to the student in the nurse's office. The undersigned have read this form and understand all of its terms.

Parent/Guardian signature _____**Date** _____