

Christ the King

Toledo, OH

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 trained school personnel 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/Advil _____ (dose recommended **per age** on bottle)

Triple antibiotic ointment _____

Benadryl anti-itch cream _____

Aloe Vera Lotion/Gel _____

Cough Drops _____

Throat Lozenges _____

Antacid (Tums/Children's Pepto) _____

_____ Please DO NOT administer ANY of these medications without speaking to a parent first.

_____ You may administer all BUT TYLENOL/MOTRIN without speaking to a parent first.

_____ Please attempt to call before administering ANY medications, ok to leave a message.

_____ Please attempt to call before administering TYLENOL/MOTRIN, ok to leave a message.

_____ 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, Christ the King Toledo, OH and the school personnel in the overseeing and administration of the above OTC medication herein described from all claims, demands, actions, judgments 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 signature. All medications will be available to the student in the School Clinic. The undersigned have read this form and understand all of its terms.

Guardian/Parent(s) Signature _____ **Date** _____