

**St. Joseph School Maumee**

**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 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** \_\_\_\_\_ (dose recommended **per age** on bottle)

**Neosporin Cream** \_\_\_\_\_

**Benadryl anti-itch cream** \_\_\_\_\_

**Aloe Vera Lotion** \_\_\_\_\_

**Cough Drops** \_\_\_\_\_

\_\_\_\_\_ 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, St. Joseph Maumee 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 Health Office. The undersigned have read this form and understand all of its terms.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

