

**ST JOSEPH MAUMEE CATHOLIC SCHOOL**

**TEMPORARY OVER THE COUNTER MEDICATION RELEASE FORM**

**PARENT RELEASE FOR SCHOOL PERSONNEL TO ADMINISTER OR OVERSEE  
TEMPORARY MEDICATION ADMINISTRATION AND RELEASE FROM LIABILITY**

Written permission must be obtained from a parent/guardian before medication can be given during school hours. Medication **MUST** be in the original container in which it was dispensed. Students are **NOT** permitted to carry medication on their person while at school. This is for the protection and safety of your child as well as others. Medication will be given to staff upon arrival to school and returned to students at the end of the school day. **THIS APPLIES TO ALL MEDICATIONS EXCEPT AN INHALER.** If a student requires an inhaler with them at all times additional paperwork must be provided.

Date \_\_\_\_\_

Student Name \_\_\_\_\_

Medication to be given \_\_\_\_\_

Specific instructions for administration \_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN RELEASE**

I hereby give permission for my child to receive medication as stated above. I hereby release, discharge and indemnify the Diocese of Toledo, the Toledo Catholic/Private Schools, this school, the principal of the responsible school and his/her designee and any other persons involved in the overseeing of administration of medication herein described, from all claims, demands, actions, judgments, and executions which may arise from the overseeing or dispensing of the above medication.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

A separate form is maintained on record for the **school year** to administer Tylenol, Ibuprofen, cough drops, Neosporin, and Benadryl cream. This form applies to a temporary over the counter medication other than those listed. Allowance of certain over the counter medication is at the discretion of school staff. May **NOT** be used for Benadryl, Zyrtec or other antihistamines. Certain over the counter medications may still require a physician signature.