School year: _____
(New forms must be completed every year)

All Saints
CATHOLIC SCHOOL

All Saints Catholic School

Release Form for Over the Counter Medication (K-8)

Name of Student_____ **Grade**_____

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

PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

_____ **I approve all medications listed below**

_____ I do not want *any* OTC meds given to my student

_____ Other (please specify)_____

___ **Benadryl cream**
___ **Calamine Lotion**
___ **Sunscreen**
___ **Burn Gel**
___ **Eye drops for dryness or debris.**
___ **Antibiotic cream** (i.e. Bacitracin Cream, Neosporin)
___ **Feminine hygiene** (Tampons, pads)

___ **Ibuprofen** (i.e. Advil, Motrin)
___ **Acetaminophen** (i.e. Tylenol)
___ **Antacid** (i.e. Tums, Pepto)
___ **Cold Medication** (i.e. Mucinex/ guaifenesin)
___ **Antihistamine** (i.e. Benadryl)
___ **Cough Drops** (must be brought in by student)

In consideration from the overseeing and administration of the above OTC medication for my child/ren, I hereby release, discharge and indemnify the Diocese of Toledo Catholic/Private Schools, All Saints Catholic School and the school personnel in the 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. The above medication (s) will not be administered without parent signature. The undersigned have read this form and understand all of its terms.

Parent Signature_____**Date**_____

Is your student allergic to any medication? _____ If yes, please list the medicine (s) and type of reaction:

_____

The school is not able to supply medication for frequent or daily use. For OTC medications not listed on this form, or if the medication must be given daily, please use the form "Permission to Give Over-The- Counter Medication at school." When sending OTC medication to school, they must be in the original manufacturer's container with the label intact, or the medication will not be accepted. For safety reasons, parents are required to bring the medication directly the office/ clinic.