



All Saints Catholic School 2023-24

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 MARK EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION TO BE ADMINISTERED

_____ I approve all medications listed below

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

_____ Other (please specify) _____

TOPICAL:

_____ **Benadryl Cream**

_____ **Calamine Lotion**

_____ **Sunscreen**

_____ **Burn Gel**

_____ **Eye drops for dryness or debris**

_____ **Antibiotic Cream** (i.e. Bacitracin Cream, Neosporin)

ORAL:

_____ **Ibuprofen** (i.e. Advil, Motrin)

_____ **Acetaminophen** (i.e. Tylenol)

_____ **Antacid** (i.e. Tums, Pepto)

_____ **Cold Medicine** (i.e. Mucinex/guaifenesin)

_____ **Antihistamine** (i.e. Benadryl)

_____ **Cough Drops** (must be brought in from home)

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** _____