LIAL CATHOLIC SCHOOL- Kindergarten and Primary

RELEASE FORM FOR OVER THE COUNTER MEDICATIONS

2024-2025

Print Student Name_____ Grade_____
(Students in grade K-2)

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/ren (Grades K-8) during the school day**. Please check all the medications that apply.**

_____ Neosporin ointment/triple antibiotic ointment

_____ Caladryl (Benadryl) anti-itch cream

_____ Cough drops

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, Lial Catholic School Whitehouse 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. None of the above medications will be administered without a parent's signature. All of the above medications will be available to the student in grade K-8, at the Health Office. The undersigned have read this form and understand all of the terms.

Parent
Signature_____Date_____