Lial Catholic School- Primary, Intermediate and Middle School

Release form for over the counter medications 2025-26

Student Name_____Grade _____

Please check the following over the counter medications that you give permission to be administered:

__ Acetaminophen/Tylenol-(dose recommended **per age** on bottle)
__ Ibuprofen/Motrin-(dose recommended **per age** on bottle)
__ Neosporin Cream
__ 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, 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_____