



St. Mary School 2020/2021

Over the Counter Medication Administration

(This form is filled out annually and due by the 1st day of the current school year for each student)

Name: _____ Date: _____

DOB: _____ Age: _____ Grade: _____ Gender: _____

If you want your child to receive these Over the Counter medications while at school complete the following and return to school by August 1. Please circle yes or no for each medication.

Parent(s) and Medical Provider are both required to sign.

Parent will be called for pain relievers before administered if approved		
Children's Tylenol/ Acetaminophen 325mg for pain or fever every 4 hours	Yes	No
Children's Tylenol/ Acetaminophen 80 mg/chewable tablet (according to manufacturer's specification) for pain or fever every 4 hours	Yes	No
Ibuprofen 200 mg for pain every 4 hours	Yes	No
1 cough drop every 2 hours for cough or sore throat	Yes	No
Anti-itch sprays every 3 hours for bug bites or other irritations	Yes	No
Bacitracin ointment once per day for cuts or abrasions	Yes	No
Neosporin ointment once per day for cuts or abrasions	Yes	No
Burn Ointment applied once per day	Yes	No

In consideration for the overseeing and dispensing of medication for the following child, I hereby release and discharge the Toledo Catholic/Private Schools, The Principal of the responsible school, her designees, and any other persons connected with the overseeing and dispensing of medication or drugs herein described, from all claims, demands, actions judgments, and executions which may arise from the overseeing or dispensing of medication. We (I) agree to notify the school personnel immediately if there is any change in either the child's treatment regimen or the authorizing physician.

Parent: _____ Date: _____

Medical Provider: _____ Date: _____