

Appendix D1

Lial Catholic School
5700 Davis Road
Whitehouse, Ohio 43571
FAX 419-877-9385
Phone 419-877-5167

Release Form for Over the Counter Medications

Print Name of Student _____ **Grade** _____

___ 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 during the school day.

Neosporin ointment/triple antibiotic ointment_____

Caladryl (Benadryl) anti-itch cream_____

Aloe vera lotion_____

Cough drops _____

Sunscreen _____

_____ **Please do not administer ANY of these medications.**

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 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 a parent signature. All of the above medications will be available to the student at the Health Office. The undersigned have read this form and understand all of the terms.

Parent Signature: _____ **Date** _____