

Permission to Dispense Over-the-Counter Medications

Students Last Name		Students First Name		Grade
Type of Medication	Description of symptoms for which Medication should be administered (to be completed by the student's personal physician)	The student is authorized to be administered this Medication (to be completed by the student's parent(s)/guardian(s))	The student is authorized to be administered this Medication (to be completed by the student's personal physician)	
Acetaminophen	Headache, mild bruising and/or sprains, cramps	Y / N	Y / N	
Ibuprofen	Headache, mild bruising and/or sprains, cramps	Y / N	Y / N	
Antacid tabs	Peptic gastritis and/or mild abdominal pain	Y / N	Y / N	
Cough drops	Scratchy throat and/or dry cough	Y / N	Y / N	
Sore throat lozenges	Scratchy throat and/or dry cough	Y / N	Y / N	
Topical antibiotics	Cuts, scrapes and/or abrasions	Y / N	Y / N	
Topical Benadryl gel/lotion	Insect bites and/or pruritic allergic skin reactions	Y / N	Y / N	

Physician's Signature _____ Date: _____

NOTE: No Over-the-Counter Medication will be given without a physician's signature or office stamp.

I/we do hereby authorize St. Martin's Lutheran School to dispense to the above-named student the Over-the-Counter Medication(s) indicated above in instances where St. Martin's Lutheran School and/or its employees/agents in its/their sole discretion deem it appropriate. I/we hereby affirm that I/we am/are aware of the various risks and/or side effects which could be attendant to the Over-the Counter Medication(s) listed above and hereby knowingly, on behalf of myself/ourselves, my/our child, and all of my/our personal representatives agree to indemnify and hold St. Martin's Lutheran School, its agents and its employees harmless from any liability and/or potential claim(s) that may arise in connection with any adverse reactions, side effects and/or other harm that may result from said student/s ingestion/use of those Over-the-Counter Medication(s) indicated above which I/we have authorized St. Martin's Lutheran School to administer to said student.

Parent/Guardian _____ Date: _____