

**Over the Counter Medication Form**

The following over the counter medications are provided by the school as a courtesy: ibuprofen (Advil); acetaminophen (Tylenol); TUMS; and cough drops. A parent signature is required to give your child these medications.

I hereby request and give permission to the school approved personnel to administer the above

medication(s) to my child. I further acknowledge by signing this form that the school or its personnel are under no obligation to render assistance in the administering of medication. I release and agree to hold the SJMS Board, its officials, and its employees and staff harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_