

**St. Peter Lutheran School**  
**Authorization and Permission for Administration of Over the Counter Medication**

Student's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Date medication begins: \_\_\_\_\_ Final date of medication: \_\_\_\_\_

Please indicate which medications may be administered to your child by marking "x" on the line before the name of the medication.

- Acetaminophen (like Tylenol)
- Ibuprofen (like Advil or Motrin)
- Antacid (like Tums)
- Anti itch cream or gel (like topical Benadryl or Calamine lotion)
- Antihistamine (like Benadryl (liquid, chews, strips)
- Antibiotic ointment (like Neosporin or Bacitracin)
- Cough drops
- Aloe gel (for sunburn)
- Sterile eye wash
- Hydrogen peroxide (to clean wounds)
- Anbesol gel

Administration Instructions: All medications will be administered according to the package insert unless otherwise specified. \_\_\_\_\_

**Physician's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician's phone#:** \_\_\_\_\_ **Emergency phone#:** \_\_\_\_\_

I herewith acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of an emergency, I hereby authorize St. Peter Lutheran School and its employees and agents, on my behalf and stead, to administer or to attempt to administer to my child, lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child be performed by an individual other than a school nurse, and specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against St. Peter Lutheran School, its employees and agents arising out of the administration of said medication. In addition I agree to hold harmless and indemnify St. Peter Lutheran School, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries or resulting from the administration or attempts at administration of said medication.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's phone #'s: Home \_\_\_\_\_ Mobile \_\_\_\_\_

Business \_\_\_\_\_

Parent's address: \_\_\_\_\_

06/10

Comment [MSOffice1]: