



St. Martin's Lutheran School of Annapolis Permission to Dispense Over-the-Counter Medications

Student Name: _____

Grade: _____

Allergies: _____

Type of Medication	Description of symptoms for which medication should be administered:	Student is authorized to be administered this medication. <i>(To be completed by the student's parent/guardian)</i>	Student is authorized to be administered this medication. <i>(To be completed by the student's healthcare provider)</i>
Acetaminophen	headache, pains, sprains, strains, cramps	Y / N	Y / N
Ibuprofen	headache, pains, sprains, strains, cramps	Y / N	Y / N
Antacid tabs	heartburn, indigestion, upset stomach	Y / N	Y / N
Cough Drops Sore Throat Lozenges	scratchy throat and/or dry cough	Y / N	Y / N
Topical Antibiotics	minor cuts, scrapes, burns	Y / N	Y / N
Topical Benadryl Gel or Lotion	insect bites, itching, minor skin irritations	Y / N	Y / N

Provider's Name: _____ Provider'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 Name: _____ Parent/Guardian Signature: _____

Date: _____