

Parent Authorization for Over the Counter Medicine:

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 a medical emergency, I hereby authorize St. Paul's Lutheran School and its employees and agents, on my behalf and stead, to administer or to attempt to administer to my child or to allow my child to self-administer, while under the supervision of the employees and agents of the St. Paul's Lutheran School, lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to 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. Paul's Lutheran School, its employees and agents arising out of the administration of said medication. In addition I agree to hold harmless and indemnify St. Paul's Lutheran School, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication. Please note: anything aside from the options listed below have to be brought in and administered by a parent.

Yes, I would like my child to receive basic over the counter medication or pain relievers:

Please select all that apply:

- Tylenol / Acetaminophen
- Advil/ Ibuprofen 200mg
- Cough Drops
- Burn Cream
- Antibiotic Ointment

No, I would not like my child to be given any over the counter pain relievers or medication.

Students Name & Grade: _____

Parents Name: _____

Parent's Signature: _____

Date: _____