

**Our Redeemer's Christian School
Over-The-Counter Medication Release Form**

Release form allows ORCS school staff to administer Over-The-Counter (OTC) medications as listed below to students should they require it while at school. The parent/guardian must sign this form in the appropriate space provided to indicate medication release approval. A signed release form must be on file in the school office for OTCs to be dispensed.

Student's name: _____ Grade: _____

Parent/Guardian's Name: _____ Date: _____

Parent/Guardian's Signature: _____

INITIAL AUTHORIZING ADMINISTRATION	MEDICATION NAME	FORMS OF DOSAGE	INDICATION
	ACETAMINOPHEN (Tylenol)	LIQUID (FLAVORED) 160 mg/5ml	PAIN/FEVER
	ACETAMINOPHEN (Tylenol)	325 MG TABLET	PAIN/FEVER
	CALCIUM ANTACID (Tums)	TABLETS	HEARTBURN/ UPSET STOMACH
	COUGH DROPS	LOZENGES	COUGH/THROAT IRRITATION
	IBUPROFEN (Advil/Motrin)	LIQUID (FLAVORED) 100mg/5ml	PAIN/FEVER
	IBUPROFEN (Advil/Motrin)	TABLETS 200 MG	PAIN/FEVER
	NEOSPORIN (Antibiotic cream)	OINTMENT	CUTS/ABRASION
	HYDROCORTISONE (Anti-itch cream)	OINTMENT	ITCH
	KILL STING (Anesthetic)	TOPICAL LIQUID	BEE STINGS/ BUG BITES

	OTHER:		
	OTHER:		

ALL OTC medications will be administered to students per age, weight, and package directions.

- Parent/guardian signature above indicates that I have reviewed the medications and forms of dosage to be administered to my students as indicated by the initials and agree to the accuracy of this form, and for Our Redeemer's Christian School nurse to administer these OTC medications to my student.