



SAINT MARY'S ACADEMY

TRADITIONAL CATHOLIC SCHOOLS OF THE SOCIETY OF ST. PIUS X
200 EAST MISSION STREET SAINT MARYS, KANSAS 66536
PHONE (785) 437-2471

Over-The-Counter (OTC) Medication Form 2018-2019

THIS FORM NOT TO BE USED FOR PRESCRIPTION MEDICATION

Student Name: _____ Birthdate: _____
Grade: _____

Check the box(es) for the medication you are sending to school

Pain:

- Acetaminophen (Tylenol or generic equivalent)
- Ibuprofen (Advil or generic equivalent)
- Other _____

Bee Stings or Minor Allergic Reactions:

- Diphenhydramine (Benadryl or generic equivalent)
- Other _____

Upset Stomach:

- Tums (chewable)
- Other _____

First Aid for Minor Scrapes/Itching:

- Antibacterial Ointment (Polysporin or generic equivalent)
- Cortisone Cream 1%
- Other _____

Cold:

- DayQuil, Nyquil or equivalent
- Other _____

Other:

- Check here for OTC medication not listed

Medication Name: _____

Condition for which it is to be given:

Medications will be administered and dosed according to label instructions or written instructions provided by the parent. All medication must be brought to school in the original container. Children should have had at least one dose of the medication without adverse reaction prior to bringing the medication to school.

PARENTS' PERMISSION FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION

I hereby give permission for the above indicated non-prescription medications to be administered to my child (named above) by the designated school personnel.

I do hereby release Saint Mary's Academy, its administrators, staff and faculty from any and all damages for any accident, injury or illness that may result from or related to the administration of the above indicated non-prescription medications.

PARENT/GUARDIAN SIGNATURE _____ Date _____

Above medication received by: _____
Print name and title *Initials*