

## Lorenzo ISD Over-The-Counter Non-Prescription Medication Release Form

Release form allows Lorenzo ISD school nurse to release Over-The Counter (OTC) medications as listed below to the student, should they request it while in 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 clinic for OTCs to be dispensed.

To be completed by parent/guardian: ALLERGIES \_\_\_\_\_ Weight \_\_\_\_\_

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Initial Authorizing Signature	Medication Name	Form of Dosage	Indication
	Acetaminophen (Tylenol)	Liquid 160 mg/5 ml	Pain/Fever
	Acetaminophen (Tylenol)	325 mg Tablet	Pain/Fever
	Bismatrol (Pepto-Bismol)	Liquid 160 mg/5 ml	Upset Stomach/Nausea/Indigestion
	Bismatrol (Pepto-Bismol)	Tablets	Upset Stomach/Nausea/Indigestion
	Calcium Antacid (Tums)	Tablets	Acid indegestion/Upset Stomach/Heartburn
	Cough Drops	Drops	Cough/Throat Irritation
	Diphenhydramine (Benadryl)	Liquid 12.5 mg/5 ml	Allergy/Antihistamine
	Diphenhydramine (Benadryl)	Tablets/Capsule 25 mg	Allergy/Antihistamine
	Ibuprofen Advil/Motrin	Liquid 100 mg/5 ml	Pain/Fever
	Ibuprofen Advil/Motrin	Tablets 200 mg	Pain/Fever

**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 student as indicated by my signature and agree to the accuracy of this form, and for Lorenzo ISD school nurse to administer these OTC medications to my student.