Timothy Christian High School
OVER-THE-COUNTER (OTC) MEDICATION RELEASE FORM

We will NOT distribute any medication without a signed form on file.

The undersigned parent or legal guardian of the student referenced below, hereby directs Timothy Christian School administration personnel to administer the OTC medication listed below to the student upon the following terms and conditions:

1. I understand and acknowledge that the staff of the school is not trained medical personnel and that we are requesting the school to accommodate our student in the administration of medication.

2. We do hereby release and forever discharge the school, its employees and agents from any and all liability, claims and causes of action which we or the students have or may have against the school as a result of the dispensing of medication to the student, including as a result of the failure to dispense medication or dispensing in incorrect dosages.

3. The school is authorized to withhold any medication if the student exhibits behavior or symptoms which cause the school to be concerned regarding the student's medical condition, in which event the school shall attempt to contact the parent or otherwise seek medical attention as the school deems appropriate.

4. The undersigned have read and understand and agree to the OTC Medication Policy of the school and acknowledge that we have no alternative to otherwise arrange for the administering of medication to the student.

Medication: **IBUPROFEN is provided by school** – anything else must be provided by the parent/guardian.

I give permission for OTC Ibuprofen provided by the school to be given to my student. Please check one:

_____ YES   _____ NO

Student name _____ Date _____

Parent/Guardian signature _____

Parent/Guardian daytime phone number _____

I hereby authorize school staff to administer to my above named student the following OTC medication, which I have provided in the original pharmaceutical container and labeled with my child's name.

OTC medication name _____

Appropriate dosage _____

Frequency _____

OTC medication name _____

Appropriate dosage _____

Frequency _____