Office of Student Services
8 Enfield Street
Cincinnati, OH 45218
513.619.2320 *phone*
www.wintonwoods.org

Over The Counter Medicine Consent and Release Form

The following unopened medication below will be provided by the parent.

Please check the medication(s) you are giving consent for your student to receive as directed:

Student's Name: _____ DOB:_____ Grade:_____

_____Acetaminophen (e.g. Tylenol)

_____Ibuprofen (e.g. Advil)

_____Antacids (e.g. Tums, Rolaids, Mylanta)

_____Antihistamine (e.g. Claritin, Zyrtec, (**No Benadryl**))

_____Anti-Itch cream/Lotion

_____Cough Drops

The above OTC medications will be administered as directed per approved FDA directions on label. **Students may not carry OTC medications with them on campus at any time.**

I give permission for the school nurse/designated employee (adult) to administer the following medication(s) as directed on an as-needed basis. My child is not allergic to any of the above checked medications.

I hereby fully release and discharge the District and its agents, employees and insurers from any and all liability, claims, and causes of action from any injuries, illness, damages or loss resulting from this authorization.

Parent/Guardian Name (print) _____

Parent Signature_____ Date_____

School Nurse Signature_____ Date_____