

**OUR REDEEMER LUTHERAN SCHOOL
OTC MEDICATION PERMISSION AND INSTRUCTION FORM**

As the parent/guardian of the below-mentioned student, I give Our Redeemer Lutheran Church with School permission to administer the following non-prescription (OTC) medications to my child. The administration of FDA-approved non-prescription (OTC) medications must arrive at school in the original, unopened, manufacturer's package, complete with package ingredients and recommended dose in a legible format. All non-prescription (OTC) medication will be given according to package directions. ORLCS staff cannot administer expired medication or medication that is not received in its original manufacturer's package.

Student Name: _____ Birthdate: _____

Student's Physician: _____ Clinic Phone: _____ Clinic Location: _____

*****ALERT: Student with temperature over 100.0 will be sent home**

Medication	Instructions	Reason and Considerations
<input type="checkbox"/> Acetaminophen (Tylenol)	<input type="checkbox"/> Administer per manufacturer's label Other (specify): _____	
<input type="checkbox"/> Diphenhydramine (Benadryl)	<input type="checkbox"/> Administer per manufacturer's label Other (specify): _____	
<input type="checkbox"/> Ibuprofen (Advil, Motrin)	<input type="checkbox"/> Administer per manufacturer's label Other (specify): _____	
<input type="checkbox"/> Cough Drops (Halls, Ricola, Ludens)	Drops per day: _____	
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Administer per manufacturer's label Other (specify): _____	
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Administer per manufacturer's label Other (specify): _____	

As the parent/guardian of the above-mentioned student, I will keep Our Redeemer Lutheran Church with School aware of any changes in medication(s), profile, or health concerns of my child. I give my child's medical provider and Our Redeemer Lutheran Church with School permission to release and obtain information from each other as necessary to administer medication. I understand that the medication will be disposed of on the last day of school, unless otherwise instructed.

Parent/Guardian Signature: _____ Date: _____