

Student Name: _____

Over the Counter Medication

The medicines on this list will be carried by adults at chorus events.

I hereby request South Lakes Choral Department Staff and Chaperones to administer over the counter medication as directed on this form. I agree to release, indemnify, and hold harmless FCPS, SLHS Choral Department and SLHS Chaperones or agents from lawsuits, claims, expenses, demands, or actions against them for helping students use medication provided FCPS, SLHS and Staff comply with the physician, parent or guardian orders set forth in accordance with instructions listed below. I have read the procedures on the attached form and assume responsibility as required.

This form must be notarized for students to receive medication.

Please draw a line through any item you do not want your child to have.

These medicines will be provided with your permission to your child on an "as needed" basis.

- | | |
|---|---|
| <input type="checkbox"/> Ibuprofen (Motrin/Advil) | <input type="checkbox"/> Pepto-Bismol |
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Tums |
| <input type="checkbox"/> Aleve | <input type="checkbox"/> Mylanta |
| <input type="checkbox"/> Excedrin | <input type="checkbox"/> Triple Antibiotic Cream
(Neosporin) |
| <input type="checkbox"/> Benedryl (or equivalent) | |
| <input type="checkbox"/> Dramamine | |

List any known instruction and allergies:

Parent Name: _____

Parent Signature: _____

Date

Public Notary _____ Date: _____