

Student Name: \_\_\_\_\_

## Over the Counter Medication

**This form must be notarized for students to receive medication.**

**For your convenience, a public notary will be available at Back to Chorus Night, however, you may also seek one out your own. Without the form being notarized, it is null and void.**

**Please be sure to read the instructions below carefully.**

The medicines on this list will be carried by adult chaperones at select 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.

**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 and will be documented on the reverse side of this form.

- |   |  |
|---|--|
| <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 |
| <input type="checkbox"/> Benedryl (or equivalent) | (Neosporin)                                      |
| <input type="checkbox"/> Dramamine                | Other _____                                      |

List any known instruction and allergies:

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Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date

Public Notary \_\_\_\_\_ Date: \_\_\_\_\_