

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 the Disney Trip meeting on November 14, 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 on the Spring Trip.

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

List any known instruction and allergies:

Parent Name: _____

Parent Signature: _____

Date

Public Notary _____ Date: _____

OTC Medication Documentation Form

Date	Type of medication	Dosage	Comments	Name/signature of adult giving medication

Terms of Use

- First use of any of these items must be at home. We will not administer any of the items for the first time to a student.
- FCPS, South Lakes High School, SLHS Staff, SLHS Chaperones and/or agents do not assume responsibility for authorized medication taken independently by the student.
- In no case may any FCPS, South Lakes High School, SLHS Staff, SLHS Chaperones or agents administer any medication outside the framework of the procedures outlined here and/or in FCPS regulations