



Catholic, College Preparatory
School for Young Women

RELEASE FOR DISPENSING OF OVER-THE-COUNTER (OTC) MEDICATION

We, the undersigned Parent/Guardian of:

_____ Born _____ / _____ / _____
Student's Name *Grade* *Mo* *Day* *Year*

do hereby sign and execute this release on behalf of us and on behalf of our minor daughter.

We consent for a staff member of Mercy High School to treat our daughter if deemed necessary or advisable based on her presentation/symptoms to the Attendance Office, Reception Area, or Administration. In the event that immediate medical attention of a true emergent nature is necessary, and one or both parents or a legal guardian cannot be immediately contacted authorities of Mercy High School are authorized to proceed with contacting emergency services and seeking emergency care as deemed appropriate.

It is recognized that minor symptoms occur that may not be relieved through comfort care measures. The Attendance Office does have certain OTC medications in stock which can be administered if authorized by the parent/guardian on this form.

Before granting school permission to administer OTC medication please verify with your doctor/pharmacist that the medications below do not interact with any medications your daughter may already be taking.

_____ **No**, my daughter **may not be** given any OTC medications listed below. We understand that only comfort care measures (such as an ice pack or resting) will be administered until we are contacted.

_____ **Yes**, my daughter **may receive** the OTC medications checked below, if deemed appropriate based on her presentation/symptoms. We have verified with her physician/pharmacist the safety with her other medication.

_____ Acetaminophen (Tylenol) 325mg tablets (1 or 2)

_____ Ibuprofen (Motrin/Advil) 200mg tablets (1 or 2)

Parents/Guardians will be notified via email if the above checked medication(s) are administered.

Parent/Guardian Signature _____ Date _____