

Certificate of Authorization for the Administration of Over-the-Counter(OTC)

Medication by School Personnel

With full knowledge of any emergencies, dangers, and risks to the administration of such medication by the London City Schools employees, officers, or agents, we the undersigned hereby waive all claims which might arise from said administration of such medication to said minor child, we hereby assume full responsibility for the administration of such medication to said minor child and the results thereof. We agree to indemnify and hold harmless the London City School District, the London City School Board of Education, its members, officers, employees, and agents from any and all liability relative to the administration of such medication.

I understand that I must submit a revised statement and sign if any information/conditions change prior to the trip.

1. Student name _____ Grade/Age _____
2. Student's address _____
3. Emergency telephone numbers for parent(s)/guardian(s) _____
4. Signed (parent(s)/legal guardian(s)) _____ Date _____
5. Trip date: June 1-June 4, 2017
6. Please list any (& all) Over the Counter Medications you wish your child to be able to take (if needed) during the trip dates above.

*****THE NURSE WILL BE UNABLE TO GIVE ANY MEDICATIONS WITHOUT PRIOR WRITTEN APPROVAL FROM PARENTS/LEGAL GUARDIANS RELATED TO HER NURSING LICENSE. She will only be carrying the medication the families provide to her. (She doesn't have Walgreens in her backpack!)**

Therefore, please list below any & all over the counter medications you want your child to be able to take as needed during the trip dates above. Family must provide any & all over-the-counter (OTC) medications

We recommend travel size medications WITH ONLY AS MUCH MEDICATION AS YOUR CHILD COULD NEED ON THE TRIP. We do not want to & will not take a full bottle of Ibuprofen.

If you want the remaining over-the-counter medication back at the end of the trip, you must see the nurse when you pick up your child upon return to the school. If you do not claim your medicine, any remaining medication will be disposed of properly.

OTC Medication _____ Dosage _____ How often _____

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