

Cross Lutheran School Medication Permission Form

School Year 2010-2011

I authorize the Cross Lutheran School Personnel to administer the following medication(s) to my child

_____.

Accordingly, I assume all responsibility regarding this matter and hereby release Cross Lutheran School – its personnel and governing administrative bodies- from any and all liability as to injuries or ill effects of any kind which may be caused thereby.

Parents please provide acetaminophen, ibuprofen, or antacid in original container. Other items listed will be provided by the school if needed.

Please indicate that the medication may be given to your child by marking an “x” on the line before the name of the medication.

____ Safetec Sting Relief

____ Antacid tablets (like Tums)

____ Benadryl (anti-histamine)

____ Benadryl anti-itch cream

____ Acetaminophen (like Tylenol)

____ Ibuprofen (like Advil or Motrin)

____ Triple Antibiotic Ointment (like Neosporin)

____ Other, Please List:_____

Date:_____ Parent's Signature:_____

