

# Lubbock ISD Over-The-Counter Non-Prescription Medication Release Form

Release form allows Lubbock Independent School District school nurses to release Over-The-Counter (OTC) medications as listed below to students should they request it while at school. The parent/guardian must sign this form in the appropriate space provided to indicate medication release approval. A signed release form must be on file in the school clinic for OTCs to be dispensed.

*To be completed by parent/guardian:*

Please print	
Student's Name: _____	Grade: _____
Please print	
Parent/Guardian's Name: _____	Date: _____
Parent/Guardian's Signature: *	

Initial Authorizing Administration	Medication Name	Form of Dosage	Indication
	ACETAMINOPHEN (Tylenol)	LIQUID (FLAVORED) 160 mg/5 ml	PAIN/FEVER
	ACETAMINOPHEN (Tylenol)	325 MG TABLET	PAIN/FEVER
	BISMATROL (Pepto-Bismol)	LIQUID	UPSET STOMACH/NAUSEA/INDIGESTION
	BISMATROL (Pepto-Bismol)	TABLETS	UPSET STOMACH/NAUSEA/INDIGESTION
	CALCIUM ANTACID (Tums)	TABLETS	ACID INDEGESTION/UPSET STOMACH/ HEARTBURN
	COUGH DROPS	DROPS	COUGH/THROAT IRRITATION
	DIPHENHYDRAMINE (Benadryl)	LIQUID (FLAVORED) 12.5 mg/5 ml	ALLERGY/ANTIHISTAMINE
	DIPHENHYDRAMINE (Benadryl)	TABLETS/CAPSULE 25 mg	ALLERGY/ANTIHISTAMINE
	IBUPROFEN (Advil/Motrin)	LIQUID (FLAVORED) 100 mg/5 ml	PAIN/FEVER
	IBUPROFEN (Advil/Motrin)	TABLETS 200 MG	PAIN/FEVER

**All OTC medication will be administered to students per age, weight, and package directions.**

\* Parent/guardian signature above indicates that I have reviewed the medications and forms of dosage to be administered to my student as indicated by my initials and agree to the accuracy of this form, and for Lubbock Independent School District school nurse to administer these OTC medications to my student.

