



Student Name _____

Date of Birth _____

Known Drug Allergies: _____

Trinity School keeps a supply of Tylenol, Advil, Aleve, Tums and Benadryl (or their equivalents) that can be given by designated school personnel when necessary. We will administer these medications only with your consent. Therefore, if you think your student may need one of these medications at any time during the school year, please fill out this form.

Please provide the student named above with the following medications as needed:

_____ Tylenol (or equivalent)

_____ Advil (or equivalent)

_____ Aleve (or equivalent)

_____ Benadryl (or equivalent)

_____ Tums (or equivalent)

We will follow the recommended dosage and frequency as labeled. If your student requires a special dose of any of these medications, please provide us with specific instructions here:

If your student needs another over the counter medication, please bring it to the Front Desk in its original box or container with the student's name clearly attached. It will be kept in a locked school medication box at the Front Desk. The medication must be accompanied by written Parental Permission.

I hereby request designated school personnel to administer medication as directed by this authorization and I agree to release, indemnify, and hold harmless Trinity School at Meadow View, the designated school personnel, or agents from lawsuits, claim expense, demand or action, etc. I understand that the person administering the medication may or may not be trained in the administration of medications. I knowingly consent to these procedures and request that the medication be administered.

Parent or Guardian Signature

Date