

Medication Release Form

Student: _____

Date: _____

Time: _____

The above named adult student has requested to receive a complimentary over-the-counter medication from the Soapmaking Studio. The medication is given to the student upon the student's request and is free of charge. The above student takes the medication at his/her own risk. Should the student experience any undesirable side effects or discomfort as a result of taking the medication, the student will hold the Soapmaking Studio and staff harmless and not seek compensation.

The adult student named above has requested and received:

- Acetaminophen, APAP pain reliever/fever reducer (2 tabs, 500 mg, q6h) _____ tabs rec'd
- Aspirin, NSAID pain reliever/fever reducer (1 tab, 325 mg, q6h)..... _____ tabs rec'd
- Ibuprofen, NSAID pain reliever/fever reducer (1 cap, 200 mg, q6h)..... _____ caps rec'd
- Allegra, antihistamine (fexofenadine HCl, 1 tab, 180 mg, q24h) _____ tabs rec'd
- Anti-itch cream/gel/ointment (1% hydrocortisone, AAA)
- Miscellaneous antibiotic ointment/cream, such as Neosporin
- Other: _____

Student Signature: _____

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