

Over-the-Counter Medications

Student Name : _____

Allergies to Medication: _____
(If none, please state)

Allergies to food, etc.: _____
(If none, please state)

Special Needs or Problems: _____
(If none, please state)

I give permission for my child to take (use) any of the following over-the-counter medications for simple headaches, cramps, upset stomach, sore throat, coughs, minor injuries or tooth pain: (Please check all that apply)

Acetaminophen (Tylenol)
 Cough Drops/Cepacol
 Triple Antibiotic Ointment
 Benadryl
 Chigger Medicine
 Insect Repellant
 Insect Repellant with deet
 Sudafed

Ibuprofen (Advil/Motrin)
 Anbesol (For tooth pain)
 Bacitracin Ointment
 Bactine
 Roloids/Mylanta
 Immodium
 Calamine Lotion/Caladryl

If any other over-the-counter medications are required by the student during the marching season or on trips, the medications must be provided by the parent/guardian with specific dosage instructions.

Parent/Guardian Signature

Date

Home Phone: _____ Cell Phone: _____

Business Father: _____ Business Mother: _____

Which parent should be called first in an emergency? _____

This permission form is only for over-the-counter medications. The regular FCPS form is still required for prescription medications.