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).
THESE MEDICATIONS ARE GIVEN AS NEEDED, NOT ON A REGULAR BASIS:

____ Acetaminophen (Tylenol)
____ Cough Drops/Throat Lozenges
____ Pepto-Bismol
____ Benadryl
____ Chigger Medicine
____ Insect Repellant
____ Insect Repellant with DEET
____ Sudafed
____ Hydrocortisone Cream
____Ibuprofen (Advil/Motrin)
____ Anbesol (For tooth pain)
____ Antibiotic Ointment
____ Aloe Vera (Sunburn Relief)
____ Antacid
____ Immodium
____ Calamine Lotion/Caladryl
____ Dramamine

If 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.
If your child needs another OTC, a medical authorization form must be sent in, SIGNED by the parent, along with the medication.

_____ _____
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.