



## Non-Prescription Medication Permission for Students

Recognizing that students today use several common non-prescribed medications to treat symptoms of minor aches and pains, the school will have available some medications to dispense to students. In order to adhere to FCS policy, parents will need to provide written permission for students to receive these medications. **Students will not be allowed to carry medications with them to or from school as per the FCS guideline 5330.**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

### Emergency Contact (when parents cannot be reached):

Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

### The above named student may have:

\_\_\_\_ Acetaminophen as directed on bottle.

\_\_\_\_ Ibuprofen as directed on bottle.

\_\_\_\_ Cough drops as directed on package

\_\_\_\_ Antihistamine (Benadryl type) as directed for itching or allergic reaction.

\_\_\_\_ Vaseline and/or petroleum jelly as directed on package.

**It is the parent /legal guardians' responsibility to contact your child's school to make the nurse aware of any medical condition(s) that may require attention during the school day. You may contact the nurse via email, phone, or in person to discuss your child's needs. Information that is received may be shared with appropriate school staff to provide support for your student's participation and progress in school.**

**Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_**