

Oakton High School Bands

Over-the-Counter Medications

Student's Name: _____

I give permission for my child to take (use) any of the over-the-counter medications checked below for simple headaches, cramps, upset stomach, sore throat, coughs, minor injuries, or tooth pain. These medications will be given as needed, not on a regular basis. Please check all that apply:

____ Acetaminophen (Tylenol)

____ Ibuprofen (Advil/Motrin)

____ Pepto-Bismol

____ Antibiotic Ointment

____ Benadryl

____ Aloe Vera (Sunburn Relief)

____ Dramamine

____ Imodium

____ Insect Repellent

____ Sudafed

____ Hydrocortisone Cream

____ Sunscreen

____ All of the above

Parent/Guardian Signature

Date

This permission form is only for over-the-counter medications. The regular FCPS form is still required for prescription medications. 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, AND a medical authorization form must be sent in, SIGNED by the parent, along with the medication.