

**FWPS**  
**Non-Prescription Drug Policy #3416**

Students in grades 6-12 may be in possession of over-the-counter (non-prescription) medications or remedies on school premises under the following conditions:

- Student must carry written permission from parent/guardian indicating which over-the-counter medicine and the dosage that the student may take. It is highly recommended that a copy of the form be kept on file in health room.
- Student must carry only one school day's dose in the original manufacturer-labeled packaging.
- No student may give, dispense or administer any medication or remedy to another student.
- This form cannot be use for prescription medication. Prescription medications require a written doctor's order and signed parent consent (see Medication Order Form, #410) and must be kept in the health room.

**Student Name:** \_\_\_\_\_ **ID #:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

I give my permission for \_\_\_\_\_ to take/use the  
*(student name)*  
following over-the-counter medication(s) during the school day.

Example: Medication Name: ibuprofen  
Dosing Instructions: 2 pills every 4-6 hrs as needed

1. Medication Name: \_\_\_\_\_

Dosing Instructions: \_\_\_\_\_

2. Medication Name: \_\_\_\_\_

Dosing Instructions: \_\_\_\_\_

3. Medication Name: \_\_\_\_\_

Dosing Instructions: \_\_\_\_\_

He/she knows to only bring enough medication for one day at a time and not give to any other students.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_